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ORIGINAL COMMUNICATIONS.

ART. I.—*Pathology of the Blood.* By GEORGE MENDENHALL, M. D. *Cincinnati, O.*

THE Pathology of the Blood is a subject which in itself possesses much interest, and this is increased at the present time by the daily developements being made in that department of pathological science.

That this fluid, which is presented to us in such a compound and complicated form, portions of it possessing the essential elements and properties of organization, out of which the various tissues of the body are formed, as well as the various secretions, should not be the seat of changes caused by the various circumstances which surround it, would be an anomaly in nature. It is no longer looked upon as being an isolated part of our organization that is not affected or modified by surrounding influences; but it is viewed as an important portion of the animal machine, under the influence of organic laws, having important vital properties, and bearing certain relations to the surrounding medium in which we live, to the other portions of the body, and its component parts also to each other. Although it is the pabulum from which supplies are drawn for the healthy performance of the various bodily functions, and also by its presence in the organs affords us a healthy stimulus for their activity, yet in the strict language of physiology we will not insist on these accounts that "the blood is *the* life of the man," but only that it is a *portion* of the system which is subjected to its vital laws, and also modified as other portions of the system are, in numerous ways, by internal and external circumstances.

In the fluctuations of the dogmas and theories of medicine, various estimates have been made of the importance of this

fluid. At one time it was supposed to be the seat of all diseases, while at another, no consequence whatever was attached to its condition. When the exclusive humoral doctrines prevailed, all manner of absurdities were in vogue to account for pathological conditions, which were founded upon fanciful theories, and not upon the observation of facts.

The mass of people at this time catch the spirit of this easy solution of their maladies, and therefore they are always ready with a plausible explanation of every ill to which flesh is heir. The terms in use by the old humoral pathologists may have passed away, but new ones are brought into requisition by them as meanless as the old.

Modern pathologists approach this intricate subject in a different manner. Patient investigation of facts takes the place of fanciful theories. Analysis, chemical and microscopical, compel nature, whether healthy or diseased, to yield up her secrets to the potency of science. One by one they are extorted from her, and who can place limits to the knowledge we are yet destined to acquire? These are our means of investigation, and what have we already accomplished? What is the condition of our knowledge in respect to the physiology and pathology of the blood?

The blood is composed of a fluid containing flattened circular corpuscles upon which its color depends, and therefore consists of red blood corpuscles and the liquor sanguinis. These blood corpuscles are nucleated cells, having to some extent an independent cell life, which is modified by the nature of the medium in which they may exist, both by its density and other properties. These cells or blood corpuscles have a limited existence, serve peculiar purposes in the animal economy, and are believed to have the power of re-producing themselves. In addition to these red corpuscles we have others termed white or colorless corpuscles; they resemble and are believed to be identical with the lymph and chyle corpuscles. The uses of the red corpuscles appear to be connected with the process and objects of respiration, while the white seem to be closely connected with the elaboration of fibrin or plastic material from the albuminous elements of the blood. Other materials have also, it is believed, been found in the blood besides water, salts, oil and albumen; but they are not yet sufficiently established to justify us in predicating any thing upon them.

As these constituents of the blood undergo alterations quantitatively and qualitatively, and as a whole it also sometimes contains foreign ingredients, it may not be unimportant to briefly glance at the influences which produce these modifica-

tions. The animal system may not inappropriately be viewed as a great laboratory, in which chemical and vital changes are constantly occurring; the laws of each operating within certain limits and mutually affecting each other; The blood does not furnish an exception to the operation of these laws; and in these very changes are exhibited the most obvious manifestations of its vital properties.

One of the modes by which the composition of the blood may be affected, is by the introduction of matters into it, not usually found there, through the medium of the alimentary canal, lungs or skin. In the first place it is a fact proven by innumerable witnesses, that a large number of articles, medical and otherwise, have been found in the blood and in the secretions produced from it that have got there through the medium of the alimentary canal, from which they have been taken up either by the lacteals or absorbing venous extremities. To deny that these substances, by their presence in the blood, produce no effect, that they lose all their former properties, is a proposition entirely untenable. As well might we say that the living solids, will, by their vitality, resist the action of caustic potash when applied to them, as to say that the presence of alcohol, sulphate of quinine, iodine, &c., in the blood will not produce effects corresponding to each of these articles on the delicately organized corpuscles of the blood, and upon the parts with which they may be brought into contact. The substances introduced may not be different always from some one or more of the healthy constituents of the blood, thereby increasing them in undue proportion; for instance, large quantities of water may be introduced or evacuated, by which this constituent may be unduly increased or diminished. The effect of the change in relative proportion of the watery portions of the blood must exert an important influence on the *endosmose* and *exosmose* properties of the corpuscles, thereby changing the vital actions of these bodies. It has been suggested that a portion of the injurious effects of large draughts of cold water taken into stomach may be produced in this manner, as it is well known that it is absorbed with great rapidity and passes into the general circulation.

The nutritive material furnished by the lacteals may also be changed in character, either from a defect in the material taken into the stomach or of the process of elaboration; some of its elements may be in excess or diminution or of a depraved quality; in either case equally affecting the composition of the blood.

The blood also undergoes changes from the operation of the function of respiration. Its cessation produces speedy death, which is caused by the want of the proper changes in this fluid. Impediments or defects in the perfection of this process also produce changes from the healthy composition of the blood, that leave corresponding effects on the body. Foreign substances may also be introduced into the blood when exposed to the air in the lungs. If too much oxygen is admitted into the lungs, other changes again are produced in the blood, by which its composition is altered in a very different manner from what it is when there is a deficiency in the supply of this material. The temperature of the blood is also materially affected by the quantity of oxygen furnished in the process of respiration. The blood also undergoes changes in the process of nutrition that are important. The plasma is drawn upon and appropriated for nourishing the body; effete matters are also in turn taken up and carried into the circulation. While these go on in due proportion to each other, the blood maintains its healthy composition, but when it is disturbed or a transformation of the solid textures occur, a change must take place in its components. This function must in turn, as a matter of course, be affected by the occurrence of material changes in the healthy constituents of the blood in a degree correspondiug to the variation from a healthy composition. Certain changes or metamorphoses in the blood itself, from an inherent vital power, are also constantly going on in health; and these changes may, from a great variety of circumstances, be interrupted or modified, which must produce a modification in the composition and properties of this fluid. These changes taking place in the organization of the blood, present us with beautiful mechanical, chemical and vital operations, by which the successive changes of crude matter are gradually carried forward, prepared, and elaborated for the requirements of the different tissues of the body. That these delicate processes may be modified or interrupted, by changes in the surrounding solids, and by the influences of foreign matters in the blood, no reasonable doubt can be entertained.

The conditions of the various secretions of the body exert very important effects upon the state of the blood. As it is from it that all the secretory organs of the body eliminate their peculiar products, whether excrementitious or recrementitious, it follows that a change in the catalytic influence of the cells of any of them may affect the quantity or quality, or both, of their products, which must affect the composition of the blood and render it morbid, unless the variation was ren-

dered necessary for the purpose of eliminating some noxious material already contained in it.

The secretory processes which exercise the most important effects on the blood and the animal economy generally, are those of the bile and urine; others however are very important. When the secretion of the kidneys is greatly diminished or suspended for any length of time, the composition of the blood is altered, violent and general local derangements follow, the blood contains a greater amount of serum, also more or less urea, the effects of which upon the blood corpuscles will be noticed in a future part of this paper. Increased secretions of urine will produce in many respects opposite effects.

The immediate effects of a defective secretion of bile are not so important, yet the presence of it or some of its constituents in the blood, exerts an effect upon this fluid, modifying its internal changes so that it becomes impoverished and produces a cachectic condition of the system. An excessive secretion may exhaust certain principles and elements which are necessary to the healthy constitution of the blood.

The condition of the secretion from the mucous surface of the alimentary canal, as in cholera for example, produces important modifications in the properties of the blood both vital and physical. The limits assigned to this paper will not permit further details in regard to other secretions, although well worthy the attention of pathologists.

I have thus endeavored to point out some few of the influences which affect the composition of the blood, and this is an interesting portion of the subject, whether considered physiologically or pathologically, that might be further pursued with profit.

The pathological alterations may be divided into four classes:—1st: Where the quantity in the system is increased or diminished. 2d: There may be a relative alteration in its different constituents. 3d: There may be a perversion of some of these constituents in regard to the quality of the material. 4th: Foreign matters may be introduced into it either from within or without the body; or excrementitious substances which are not separated from it by appropriate secretory organs may accumulate, which thus become in their effects the same as extraneous substances.

The changes indicated under these different divisions however, seldom occur singly, but are usually complicated with those arranged under another head. These divisions are therefore made from the most obvious or prominent conditions that are found to exist.

In the first division we have anemia and hyperæmia or plethora. Anemia is generally associated with a deficiency of the solid constituents of the blood; they may also be of a depraved quality; yet the most obvious symptoms presented are those indicative of a diminished amount of the entire mass of this fluid.

The contrary condition, or that of plethora may exist without material change in the relative quantity of the constituents of the blood, but it is usually associated with an increase of the solid constituents, and may cause or increase the tendency to inflammatory diseases. As elements of more complicated disease, these conditions of the circulation are important.

Those conditions of the blood in which the relative quantity of its constituents are altered, claim the particular attention of the pathologist, and the changes of this class present considerable variety.

In the first place the fibrin may be in excess, and instead of there being three parts in 1000 may be increased to 10: this condition exists in quite a number of diseases. Accompanying an increase of fibrin, &c., we usually have an increase of fatty matter and a proportionate deficiency of the red corpuscles and of the solid constituents. The name given to this condition of the blood by Simon, is *hyperinosis*. This kind coagulates more slowly than healthy blood, and is nearly always covered with what is termed the buffy coat. The particular condition of the clot as to size, hardness, &c., is modified by the quantity of the red corpuscles, and the quantity and quality of the fibrin itself, but it is usually hard and firm in proportion to its excess of quantity. This condition of the blood exists in all diseases that are strictly inflammatory, or in the *phlogoses*. This element of the blood may be natural or deficient in some disorders, and be increased with great rapidity by the supervention of a local inflammation. The average in inflammations is 5.8 in 1000 while about 3 is the average in health. An excess of fibrin generally attends the plethoric condition, along with a full amount or an excess of the red globules.

Another condition in regard to the relative quantity of the constituents of the blood, is where there is an excess of the red corpuscles and a proportionate deficiency of fibrin. The healthy proportion is from 120 to 130 in 1000; this quantity may vary in disease so as to be as low as 66 or as high as 160. When the red corpuscles are in excess the condition has been termed *hypinosis;* this excess may be positively greater than in health, or relatively greater from a diminu-

tion of the fibrin. The clot under these circumstances is generally large, (sometimes small) soft, diffluent, and of a dark, almost black, red color. Sometimes the blood does not coagulate at all, constituting what has been termed dissolved blood. The fibrin in some cases is diminished to 1. in 1000 or even less than this, in which cases the relative proportion of the red corpuscles largely preponderates. This state of the blood exists in idiopathic fever when uncomplicated with local inflammations; the tendency during the increase of the disease is to a still greater diminution of fibrin and of course a relative increase of the red corpuscles.

Another condition of relative change in the constituents of the blood has been noticed under the title of *spanemia*, from the poverty of this fluid, in which there is a deficiency of both fibrin and red corpuscles, and also of other solid constituents. Anemia is an example of this condition of the blood. The serum in this form of disordered blood may be in usual quantity or diminished.

Pathological states of the blood may also occur in which the albumen is diminished or increased.

The watery portion in other cases is varied, and may occur either above or below the healthy standard.

The third general division which we have made of the pathological condition of the blood, is one about which there is great obscurity, and it affords a fine field for research to the student of pathological science. It cannot however be doubted but that the constituents of the blood may vary in their qualities as well as their relative quantities. Some of these constituents are the result of internal organization, having also an organic structure; and from our knowledge of the liability in all organized bodies to change we can reasonably infer that they too are liable to perversions, and hence may arise products of perverted quality.

The fibrin is found to possess different properties in different cases in regard to its power of coagulation, and in its appearance when coagulated, which are independent of mere quantity. It also presents differences in regard to its capacity for organization; being the plasma or basis from which new structures are formed, it is found that the deposite of this substance produces very different results. In one case it may present capacities for a high degree of organizability, and therefore termed *euplastic;* while in another case the capacity in this respect is of a lower order, and the product bears the relation of an inferior grade of organization; fibro-cartilage, grey tubercle, &c., present us instances of organized solids from this quality of fibrin, which has been termed *cacoplastic*. A third

quality of fibrin has been termed *aplastic* from its entire incapacity for organization; pus, curdy matter, yellow tubercle, &c., are examples of this variety.

These different grades of fibrin appear to be dependent upon an imperfection in the organic changes taking place in the blood, by which fibrin is imperfectly elaborated from its albuminous portion, which furnishes nourishment to both the white and red corpuscles. The causes of this imperfect elaboration may be any thing affecting the action of the organized portions of the blood, whether from an imperfect material by which their delicate organism is fed, or from causes operating upon them through the medium of surrounding living tissues. When it arises from an imperfect quality of the albumen, the initiatory step in the diseased process may commence in the organs of digestion, so that in this way all causes operating on the process of digestion, and producing disease of this function, may be remote causes of diseased blood. In this way tubercles may be caused by disease in the digestive function, or by materials of a bad quality being used for food.

In short, all of the changes in the organism are so dependent upon, and connected with one another that their operations proceed as it were in a circle, and agents producing disease may make their first impression upon any portion of it, and in this manner derange the whole machine. The solids are not independent of the fluids, nor the fluids of the solids; there is a mutual action and reaction upon each other, both in health and in disease.

The quality of the red particles may also undergo alterations independent of quantity. In some cases they are much darker than usual, giving the blood almost the appearance of pitch, the corpuscles presenting the appearance of being dissolved in the serum, and losing their characteristics of distinct organization in a great degree. Many of these changes are probably produced by a relative increase of the watery portions of the blood, which, by endosmose, causes these corpuscles to swell and even burst; or they may shrivel from exosmose, caused by too great a proportion of saline matter in the circulation. These properties of endosmose and exosmose, are undoubtedly the causes of numerous changes in the delicate processes which are constantly taking place in the blood, in health and also in disease. That the healthy operations of the system may proceed regularly, it is necessary that certain relations between it and surrounding matter shall not be changed beyond certain limits; and we find this to be necessary in regard to all its parts, even to the minutely organized blood corpuscle.

The fourth division, or where foreign matters exist in the blood and affect its properties, is one about which some difference of opinion exists. It is, however, susceptible of convincing proof, that foreign articles do get into the blood, and it is unreasonable to suppose that when there, there is a suspension of all their physical and chemical relations towards matter with which they come in contact. The powers of organization may modify chemical affinity within certain limits, but it is absurd to suppose that it can be entirely destroyed.

Extraneous matters may exist in the blood, of three different kinds.

In the first place they may be introduced from without.

In the second they may be generated by molecular action within.

Thirdly, they may consist of certain substances occurring from the waste of organs during the process of nutrition, which are retained in the blood, but which should have been thrown off by the excretory functions.

That foreign substances are found in the blood, and in the secretions formed from it, are now facts attested by such a host of witnesses, that it may be set down as among the undisputed facts of physiology and pathology. There is a strong probability that many substances are introduced into the blood, and cause disease, that are of so subtle a nature as to elude our most delicate chemical tests. Of these we may mention the causes of the various contagions, and of epidemic and endemic diseases.

Instances are upon record also, where certain animals have been detected in the blood, which could hardly have found their way there except by the introduction of their ova from without. These facts have been attested by Chiaje, of Naples, by Dr. Goodfellow, and by Mr. Bushman, who is referred to by Ancell in his lectures on the blood, and by Simon and Day in their great work on organic chemistry.

Morbid products may be in the blood, which are formed by the internal operations of the body; instances of which we have in the various animal poisons that will contaminate other bodies when introduced into them, and excite diseases of a similar kind, or produce derangements not less certain, although not of a uniform character. Measles have been communicated directly by the introduction of the blood from a patient having the disease; (Dr. Home.) Diseases termed putrid have been communicated in this way by contact, (Gendrin.) The blood of a patient laboring under small-pox has produced violent symptoms and death, by being injected into the blood-vessels of animals. Glanders and other diseases of horses,

have been communicated in this way. (Dupuy and Leuret.) Williams says there is good reason to suppose that purulent matters and the germs of carcinoma, and other malignant diseases are spread through the medium of the blood.

Substances not found in health may exist in the blood, that are formed from external substances, that have been introduced into the alimentary canal, and as they are the result of organic action, (although upon foreign matters,) they properly belong to this division. I allude particularly to the presence of sugar in the blood of diabetic patients. (Rollo, Rees, Simon.)

Next we have numerous substances found in the blood that are retained there; among them we may mention the bile pigment, (Orfila, Simon,) fat, pus, urea, &c. Of these, bile and urea exert a peculiar solvent power upon the blood corpuscles, and hence is afforded an explanation of their peculiar effects upon the system when retained in it.

ART. II.—*Idiopathic Hæmaturia.* BY L. M. WHITING, M. D., *Canton, Ohio.*

ON the 20th of July, 1846, Mr. L. Upson, a farmer, aged 46 years, was presented at my office by my friend, Dr. Ferguson, of the village of New Baltimore, in this County, in relation to whom the following facts were obtained. He had enjoyed almost uninterrupted health from his earliest years up to a period commencing about four years anterior to the date above named, when he began to feel an unpleasant sensation occasionally, in the epigastrium, which he describes as "*a load.*"—This continued to be somewhat troublesome during two years. He then had an attack of Diarrhœa, which lasted six or eight weeks, and enfeebled him so much that he was unable to continue his labor, but was finally *cured*, as he says, by the use of "iron and columbo in whiskey." One year subsequently, he commenced passing blood with his urine, daily, and has continued so to do, almost uninterruptedly, to the present time.

Present appearance decidedly anemic—a pretty general dropsical tendency is manifest—is still able to walk about, but there is a good deal of difficulty in breathing on slight exercise. Pulse 100 in a state of rest—much increased in frequency on exercise, and has the feel common to the hœmorrhagic diathesis. The debility, and other constitutional symptoms, have been gradually increasing constantly since the sanguine discharge commenced; although for a considerable period they were so slight as not materially to interfere with his avocations. He has at no time experienced pain in the region of

the bladder, kidneys, or any portion of the urino-genital apparatus, nor has there been at any time obstruction to the passage of urine. The patient thinks the whole amount of fluid discharged by the urethra exceeds that in the healthy state about one-fifth, and supposes that excess to be blood. The appetite is good. He has been subjected to treatment from various medical pretenders, but from his description of the course pursued, it appears that but a very imperfect conception of the pathological condition has been entertained by his advisers.

Prescription. Ext. Rhatany in 15 or 20 gr. doses, until the bloody discharge ceases. At the same time to restore the constitutional vigor, and promote a rapid hœmatosis, he was directed to take the following:

℞ Citrat. Ferri, 3ij.
Sulph. Quin. 3ss.
Water, 3j. Mix.

Dose 30 drops three times a day.

From the time of this first examination, I saw or heard nothing about the case until the Nov. following, when I was informed by Dr. F., in whose care he had remained, that the hemorrhage ceased very soon after the use of the prescription was commenced; general improvement followed, and by the continued use of the Quin. and Iron, the recovery was rapidly completed.

To the above case I have given the name of *Idiopathic* Hæmaturia—a disease which, according to all authorities, is of very rare occurrence. That the bloody discharge was not dependent on disease of a constitutional character, I think was evinced, not only by the absence of all the other principal signs, but especially was it manifest in the rapidity and perfection of the cure. Moreover, about one year subsequent to his restoration to his ordinary health and avocations, this man was thrown from his carriage while the horse attached thereto was running at a fearful speed, and seriously injured in various parts of the body: but although he was thus brought down again to an enfeebled state, there was no return of the old trouble, and he recovered as a system should do when free from malignant or constitutional disease. It is true that there existed functional disorder of the digestive organs, to some extent, two or three years previous to the hemorrhage; and the trouble there persisted longer than it should have done under appropriate management apparently; but we have no evidence that there was any judicious treatment of his complaint, and at any rate there had intervened an entire year of comparative freedom from disease of any kind immediately preceding the hæmaturia. On the whole, I think this is fully entitled to the term *idiopathic*.

In concluding, I beg the attention of all that portion of the profession who have not yet tested the claims of the Krameria, to the promptness with which the article arrested a destructive and constant hemorrhage of two years standing. In an experience of many years, during which I have used this article almost daily, I have found it exceedingly rare that it disappointed me in uterine or any other form of hemorrhage from the urino-genital apparatus. The combination of Quin. and Iron, as will be seen by all, is among the formulæ commended by Prof. Meigs for disorders dependent upon anœmia, in his notes to "Colombat's Treatise on Diseases of Females."

ART. III.—*Case of Amaurosis.* By W. HENDREN, M. D., *Delaware Co. Ohio.*

CALLED Jan. 30th 1848, to see Mr. F., who was said to be almost blind and much deranged in general health. Received from him the following history of his case. "Three months ago, while out at work, I felt a sudden dimness of sight—so much so that, with my right eye I could scarcely distinguish even the most familiar objects. This blur or dimness occasionally disappeared, but only for a short time. At length it increased so much that I became alarmed and called on a Physician. At this time my eyes were somewhat inflamed, and my general health declining. The Dr. bled me several times from the arm, cupped my temples, blistered the back of my neck, side of my face and temples, gave me a good deal of medicine (principally cathartic,) and directed me to observe low diet and keep in a dark room. Following this treatment several weeks, and finding myself only growing worse, I submitted my case to a Physician of some eminence. He stated my liver to be affected, gave me blue pill, and, as he said, to stimulate the nerve of my eye to action, raised the upper lid, depressed the eye-ball, and touched it with caustic. This, instead of having the desired effect, produced an intense pain in the region of the eye, which has increased in extent and severity until the present time."

According to his description the pain commenced in the posterior part of the eye, shooting back into the head and along the temporal muscle and superior maxilla, causing an aching of the molar teeth. Becoming again alarmed, he called another Physician who extracted three of the teeth of which he complained, but with no relief, and put him upon the use of Quinine. No benefit resulting, he consulted other Physicians who resorted to emetics, blistered his temples, put a seton in

the back of his neck, &c., but the patient still became worse. At this time I was called and found him despairing of getting any help. I thought there was a chance for his relief, and accordingly commenced treating his case. His symptoms when I first saw him, were as follows. On entering his room I found him holding his hand on the right side of his head and groaning distressingly. He stated that the right side of his head, face and eye, pained him much, at times excruciatingly, and that for two months he had been unable to sleep night or day (the excess of pain was such) except a few moments at a time. He could see very faintly out of the right eye, by holding up the lid, which was paralysed, hanging loosely over the eye-ball. The eye was sunk considerably in the head, pupil contracted, iris motionless. When he could see at all, objects seemed double. The flame of a candle appeared sometimes split, at others lengthened. There was much more than the natural heat in the right side of his head, and a wasting of the temporal muscle presented an appearance as though the bone was depressed. There was some tenderness on pressure over the temple and external canthus of the eye.—His gait was very unsteady, and in walking, he would reach out his left hand to seize objects, with which to sustain himself, the right hand being placed against the right side of his head. The left side was not painful, but the left eye looked dull, and the sight was somewhat impaired. His general health was bad—pulse about 85, small, but slightly tense—tongue coated with a thick, white fur—skin harsh and dry, and a preternatural fulness in the right hypochondriac region.—The vessels of the right side of the head and neck were fuller than those of the left, and there was more heat on that side. His appetite was capricious, and he was extremely nervous and dejected.

Treatment. In the first place I opened the right temporal artery, and drew off about 16 ounces of blood, which, he said, relieved him some—gave him a full dose of pills composed of Calomel and Blue mass, equal parts, and a small portion of Ipecac. I also prescribed a full dose of Dover's powder, to be taken at bedtime—next morning to take a dose of Castor oil.

Jan. 31*st.* Dover's powder at night.

Feb. 1*st.* Rested better last night than he had done for two months—took a dose of pills at night composed of calomel and Comp. Ext. Colocynth, with a small portion of Ipecac—Dover's powder at late bedtime.

Feb. 2*d.* Slept pretty well—medicine operated well. Put him upon the precipitated carb. of iron, 20 grs. three times per day—continued this for 3 days, with one dose of the above-mentioned pills and Dover's powder at night.

Feb. 6*th.* Felt much better—symptoms better, except the eye remained much the same. Continued the same treatment until the 10*th.* Diet light, farinaceous—not much change from the 6th. Increased the carb. of iron to 25 grs. every eight hours, also take one-fourth of a gr. of the extract of stramonium every eight hours, alternating with the iron. I stopped the Dover's powder, the condition of the surface being better—occasionally administered a dose of the last mentioned pills sufficient to keep up an action of the bowels.

Feb. 15*th.* Health much improved—eyes look better, but a good deal of pain in the right eye, side of the head, face and temple. Increased the dose of ext. stramonium to one half gr. taken at the same intervals. Same treatment continued until March first—prospect of recovery of health and sight very flattering. Continued the same course, except to gradually increase the stramonium, until by the 10th the dose was 1 gr., three times per day. At this date the left eye was entirely well, right much better—health still better. Ordered riding on horseback in pleasant weather.

March 25*th.* Health improving—eye looks more natural—still some pain. Carb. of iron to be stopped—continue stramonium in the same way. Take of Fowler's solution, 10 drops three times per day, in place of the iron.

Apr. 10*th.* Perfectly well—right eye entirely restored—temporal muscle filled up so as to look natural—eyes perfectly sound—cure complete—says his health is better than it has been for four years.

This gentleman's case being a very interesting one, and having been treated by several skilful physicians without success, I deem it my duty to give to the profession the course of treatment which so happily succeeded.

ART. IV.—*Extracts from the Surgical Case Book of* M. Z. KREIDER, M. D., *Lancaster, O.*

CASES OF RESECTION OF THE LOWER JAW. *Case* 1*st.*—1826, August 10th, James Johnson, farmer, aged 26 years, presented himself for surgical relief. Stated that about two years previously he had been much afflicted with tooth ache. The tooth affected was the Dens Sapient, on the right side of the lower jaw. Several unsuccessful attempts had been made to extract the tooth. Great inflammation, pain and swelling followed. The whole of the right side of the face became greatly swollen. Suppuration followed, and continued until the present time. Upon examination, I found the pus oozing from nu-

merous sinuses running to the bone. The matter exceedingly offensive, and of a character indicating necrosis of the bone. Making an incision upon the ramus of the jaw, down to the bone, I found this to be the case, and prolonging the incision forward toward the chin, I found the bone diseased to the canine tooth, which I extracted. Applied the saw at that point and divided the bone. Dissected its attachment to the soft parts, securing the vessels as they were divided, and disarticulated it—thus removing more than one-third of the jaw. The patient speedily recovered.

Case 2*d*. 1827, November 6th, Alexander Stall, aged 43 years, laborer. The following is the history of his case. In the winter of 1824,–5 having tooth-ache, had the second molar tooth on the left side of the inferior jaw extracted. He caught a severe cold about this time, in consequence of laying out over night in a drunken spree. Inflammation with swelling and great pain supervened. Suppuration followed, and pus was discharged from many points, both within and without the mouth. At this time he is greatly emaciated, and the jaw bone, upon examination, is necrosed, involving the articulation and also the entire chin. To relieve him, the canine tooth on the opposite side was extracted and the bone found to be sound at that point. An incision was then made, commencing below the lobule of the left ear, and at the posterior part of the ramus of the jaw, and carried down to the base of the jaw and continued around the base to the point at which the tooth had been extracted. The facial artery was secured. The flap was dissected upwards from the bone. The masseter was also detached. The attachments within were also separated from the bone. The jaw was then divided where the tooth had been extracted. The trunk of the internal maxillary lying between the pterygoid muscles had been previously secured, to prevent hemorrhage from its numerous branches. After having isolated the coronoid process, the bone was forced outward, and the internal pterygoid was then divided at its insertion near the coudyle, and the bone was then readily disarticulated and removed. The removed bone was found to be much diseased, and of course, very offensive. The flap was brought down and secured by pins. The patient soon recovered without an untoward symptom.

Case 3*d*. 1843, Sept. 6th., Jonas Hartzell, aged 14 years.—Upon examination found the case to be osteo-sarcoma of the lower jaw. The disease affected the entire bone from angle to angle, saving the last tooth on each side. The tumour proceeded under the tongue so as greatly to embarrass its motions, and was found during the process of removal to have extended to and attached itself to the Os Hyoides.

The operation was commenced by extracting the first molaris on each side. An incision was then made from one ramus to the other, carrying it round the base of the jaw. Next an incision was made from the left commissure of the mouth to the first incision. The flaps were then dissected from the jaw and turned upwards. The facial arteries were secured. The saw was next applied and the bone divided on each side at the points where the teeth had been removed. The whole mass was then carefully dissected out. Vessels divided, were secured at the time by *torsion*. The tumour was found to consist of a mixture of spiculæ of bone and sarcomatous substance. The body of the jaw bone had undergone a like change. The patient recovered rapidly. The deformity is remarkably slight. Nature has produced a firm cartilaginous substance supplying the want of the jaw. Deglutition is unimpaired, and speech quite distinct.

It will be observed in all of these cases, that no precaution was used against suffocation from convulsive retraction of the tongue. This did not occur in the first two cases to any great extent—and in the last case, was soon overcome by seizing the tongue with a coarse dry towel, and drawing it forward steadily, for some time, after which the retraction was slight, and soon ceased altogether.

Aneurism. George Hanstein, aged 48 years, Stonecutter, presented himself for relief, June 27th, 1841. The following is the history of this case. About twelve years ago, while engaged in turning a large granite block, one corner of the stone came in violent contact with the os pubis on the left side of the root of the penis. A stinging pain was felt for some time after the accident. A few days afterwards, a small pulsating tumour (about the size of a hazel nut,) was found to occupy the seat of the injury. This tumour very slowly enlarged ever since that time, until it attained the size of a large hen-egg. It has at no time been a source of much inconvenience. A week since the man went to bed as usual—about midnight he awakened suddenly, feeling a stinging pain about the place of the tumour, and putting down his hand to the part, was surprised to find that the tumour had disappeared. He soon however discovered that the scrotum was much enlarged. and that this enlargement was rapidly augmenting. The following are the dimensions of the scrotum at this time—length 2 feet—circumference near apex, seventeen inches—at middle twenty-two inches. Upon making an incision into the scrotum upon the left side, a large quantity of partially coagulated arterial blood escaped. Finding that hemorrhage still continued, I dilated the wound upwards and found the bleeding

vessel to be a branch of the Epigastric—and was the vessel which had been originally injured, forming an aneurism, whose walls giving way, had suffered the blood to escape and find its way into the scrotal sac. The vessel was secured by ligature—the coagula entirely removed from the scrotum, the wound closed by interrupted sutures and adhesive strips—some slight suppuration followed—but in a few days the parts healed and the man speedily and perfectly recovered.

ART. IV.—*Case of Diabetes Mellitus.* By S. M. SMITH, M. D., *Professor of Mat. Medica &c., in Starling Med. College.*

MRS. B. aged 26—of a sanguineo-nervous temperament, of fine intellectual endowments, cultivated in a superior manner—came under my care about the 12th of Nov. 1847, laboring under Diabetesmellitus; symptoms of which had existed for at least a month previous to this date, but had attracted but little attention, having been referred to other causes. Her physician before this time, thinking the symptoms indicated something serious, intimated his fears, which on learning that the patient had lost two brothers by the same disease, were increased, and on testing the urinary secretion, confirmed. This, at that time, was found to be of the sp. grav. of 1.046, and containing saccharine matter in abundance. Immediately on reaching this city the case came under my care.—I found the patient suffering with excessive thirst; skin slightly dry; pulse somewhat accelerated, ranging from 88 to 94 per minute, full but soft; slight constipation, but easily overcome by the use of small doses of carb. magnesia;—pain in the lumbar region and through the loins; some emaciation; appetite rather inordinate;—secretion from the skin obvious only on brisk exercise; urine secreted in quantities varying from five and a half to something over six quarts in the 24 hours; of a very clear, aqueous appearance but somewhat *syrupy* in consistence and appearance, yielding no sediment upon standing;—of a sp. grav. of 1.045, strongly saccharine, containing 72 grs. of solid matter to 1000 grs. of fluid.

The patient was immediately restricted as far as possible to animal food, directed to refrain from liquids as much as the inordinate thirst would allow, and use mild laxatives as needed to secure regularity of the bowels, and to use a bath of about the temperature of 72 deg. In addition to this, she was put upon the following mxt.

℞	Vin. Ipecac.	ʒj.
	Sulph. Morph.	griiss.
	Tannin,	ʒj.
	Aquæ destil.	ʒiij. Mix.

Dose, a dessert-spoonful 4 times every 24 hours.

At the end of a fortnight, the symptoms all seemed improved. During this time menstruation occurred regularly, the skin was less dry—the pain in the lumbar region, except at the menstrual period, less, and the pulse ranging from 80 to 86 per minute—the secretion of urine diminished more than one quart, not so colorless, and spec. grav. 1.035. This treatment with but unimportant variations, and occasional interruptions, continued for more than a month longer, and with an obvious improvement of all the symptoms, and a diminution of the sp. gr. to 1.031—secretion almost natural in quantity, of much higher color and throwing down a sediment on standing. The patient was directed to take moderate exercise, and allowed a little more latitude in diet. For some time no unfavorable change occurred, and no alteration in symptoms, except a more variable appetite. The next menstrual period was only indicated by slight pains in the back, &c.—Sometime after, but before the arrival of another period, the patient, after some fatiguing exercise and a fright during a ride, was attacked with uterine hemorrhage, followed most probably by an early abortion. Within 48 hours after this, the diabetic symptoms returned, and soon increased to their former activity. The same general treatment, with the omission of astringents and the occasional use of derivatives was followed for the two succeeding months with an improvement, but not so marked as before; the emaciation, the dryness of skin and thirst still continuing. Upon the supervening of symptoms indicating pregnancy, the secretion was more decidedly and more permanently reduced to the natural quantity, though its constitution was but little altered from what it was under the previous treatment. The omission of medicines not being followed by any increase of the symptoms, they were discontinued, until the patient left for the northern part of the state, and was absent near two months. On her return an increased emaciation was observable, but no increase of the urinary secretion occurred until the fatigues of domestic duties consequent upon assuming household-cares, seemed to favor its return.—From this time her decline was rapid, though the use of opium seemed to control all excess in the secretion. Extensive effusion into the cellular tissue of the extremities, great pain in the lumbar region, loss of appetite, excessive dryness of the mouth, fauces and skin, thirst, and great distress from nervous

excitability, almost a suppression of the urinary secretion existed for a few days previous to dissolution, which took place on the 27th September.

Autopsy 20 *hours after death.*—Great emaciation—a pregnancy of 7 months—fœtal death at least three days previous to maternal—abdomen very much distended, from the excess of amniotic fluid.

Liver, softened, somewhat lighter colored than natural.—*Gall-bladder* not distended; bile, dull yellow, approaching to brown. *Spleen*, dark colored, shrunken, very soft, pulpy, but little more consistent than a coagulum of blood.

Intestines.—General external color, an almost uniform dark brown; mesentery, nearly same. Mesenteric glands nearly natural. Intestines filled with a dark matter like tar, or rather like dark paint. Two feet of intestine removed for examination; mucous membrane of natural consistence, brownish color; mucous follicles enlarged in patches.

Stomach.—Size and shape natural; color somewhat lighter than that of intestines; mucous membrane looking throughout the larger curvature almost like a layer of coagulated blood; most intense congestion, but no softening. Under the microscope, the enlarged capillaries presented a most beautiful appearance.

Kidneys, of the usual size, capsule of the left, thickened and enlarged. In the cortical portion near the pelvis,—two small abscesses, containing pus, as was proved by the microscope. This organ pale and flabby. Right kidney nearly healthy as far as could be observed.

Lungs.—Right, firm adhesions at apex; perfectly healthy.—Left, free and healthy. *Heart*, extremely flabby—empty.

Remarks.—In this patient there was evidently a *family* predisposition to diabetes, though not inherited from ancestors, as far as known. Many of the symptoms enumerated in the books were present, such as absence of the sexual desire, an early feeling of lassitude, bodily and intellectual, and considerable disturbance of the nervous system. Although previously enjoying most perfect health, yet her strength had, during the spring and summer, been severely taxed, and her feelings warmly enlisted in caring for some sick friends, with whom she watched day and night for weeks in succession, all of which no doubt, was influential in developing this disease.—In the treatment, opium seemed by far the most efficacious remedy, in diminishing and changing the secretion. Post mortem appearances give no clue to the true pathology of this, as yet, obscure disease.

ART. VI.—*Mortification of the lower extremity from tight bandaging; removal of the limb at the knee-joint; no cure; amputation thirteen years afterwards; cure.* By RICHARD P. CATLEY, M. D., *Delaware.*

Mr. Solomon Schmel, aged 33 years, says he "was formerly a resident of Berks county, Pennsylvania, where, about thirteen years ago, he was thrown from a horse, the animal falling with him; and that whilst on the ground the popliteal artery of his right leg was lacerated by the shoe of the horse, and he thinks part of it was torn away. A practitioner was called, who, to stop the bleeding, bound the limb just above the knee very tightly. The bandage was allowed to remain two days and nights without being slackened, which caused, ultimately, mortification of the lower part of the extremity up to the points around which the bandage was applied. A second practitioner was called, who removed the leg by disarticulation at the knee-joint. The soft parts, however, sloughed about two inches higher up the limb, leaving the bone nearly naked. This, in time, was again mostly covered with something like flesh and skin, but it never healed entirely, though he had been able to perform some labor. For the last year, however, the diseased part has been getting much worse."

Dr. Blymyer and I saw the patient in April last, for the first time. The knee, or rather what had once been the knee, presented the following appearance;—on the lower part of the stump for a space of about three inches in breadth, was neither cutis nor cuticle, but a sort of epithelium terminating in a mass of fungus, which covered the end of the stump and also the posterior part to the height of two or three inches. The texture of this fungus was as coarse as a very coarse sponge. It gave out at every point, a profuse sanious discharge, and bled freely on being slightly touched.

The patient's health was evidently suffering much from this cause. We told him that no cure could be expected but by a removal of the part. He did not seem prepared to submit to this at that time, and therefore we prescribed astringent lotions.

On the last day of June he sent for us and told us then that he had determined to have the diseased part removed, if we thought he could bear it without causing immediate death.—We informed him that we thought he would be able to bear it, and that it was certainly the only chance for him, for by this time he was much debilitated, had a pulse at 120, a troublesome cough, and pain in the chest; his countenance, though not exactly cadaverous, was truly alarming, and he was really failing fast. He desired a day or two to fix the time.

On the 6th of July I amputated the part, in the presence of Drs. Blymyer, Mann, Gerhard, Howel, Johnson, and Williams; the first two of whom rendered me much assistance.

There was nothing new or uncommon in the proceeding.—Anterior and posterior flaps were made in the manner I have frequently seen Mr. Liston of London perform the operation; the bone was sawed about the upper part of the middle third of the thigh; the arteries having been tied, the contact of the flaps was secured by a few points of suture and strips of isinglass plaster.

Union by the first intention was obtained to a considerable extent, though a profuse discharge continued some time from an opening left about midway between the ends of the seam formed by the meeting of the flaps. This was closed by the 20th day after the operation, except a small fistulous orifice, about the size of a large goose-quill, which still discharged rather freely.

The vast drain from the system having been suddenly interrupted by the removal of its outlet, (the fungus,) the resources of nature seemed to accumulate and require a vent. The discharge now increased rather than diminished; the patient became plethoric, with a full bounding pulse; secondary hemorrhage took place, and we were summoned in haste one morning, to arrest it. Dr. Blymyer arrived at the residence of the patient first, but the bleeding had subsided before he got there. It came on again, however, in some eight or ten hours, and I was again summoned to the case. The bandage around the stump which the patient had applied the evening previous, was found to be quite tight, and the temperature of the part much higher than that of the other parts of the patient's body. I directed the bandage to be removed, and cloths wet with cold water to be applied to the stump, and to diminish the vis a tergo, a pint of blood was taken from the arm, and the patient was ordered to live rather abstemiously for a few days.

The hemorrhage did not return, but the discharge still continued, and was now rendered dark colored by the dissolving of the coagulum formed within the cavity between the flaps. An injection was ordered to be thrown in three times a day, composed of tannic acid and rain water, three grains to the ounce. Under this treatment the discharge improved in appearance, and became less, and the cavity filled up in about ten days more. It has been entirely healed some weeks, and the patient has a very excellent stump. He is every way in fine health, and frequently walks to town and home again, with the help of a crutch, without apparent fatigue. He has also made an engagement to drive a team, and haul wood to

Delaware through the fall and winter, and has commenced his labors in this employment.

This adds one more to the many instances in which the art of surgery has snatched a fellow-being from the jaws of death, and restored him to a state of comparative comfort—to a state in which he is able to provide for himself and family.

I dissected the amputated part in the presence of Dr. Blymyer and Mr. White, by cutting down on the bone, and dividing it longitudinally with a saw. The fungus gradually became denser, and terminated next the bone in a sort of fibro-cartilaginous substance. The condyles of the femur were absorbed, and the end was rounded or bulbous; the medullary canal was prolonged to near the end of the bone, increasing in calibre towards the lower part, which also terminated in a bulbous extremity. The osseous portion around this was composed of two tables with a cancellated structure between them, the cells of which were filled with a fluid resembling healthy pus. The bone was not carious or discolored.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*An Account of a severe form of Epidemic Miliary Fever, which appeared at Fort Snelling, Upper Mississippi, in the Winter of* 1847–48. By GEORGE F. TURNER, M. D., Surgeon, U. S. Army.

DURING the past winter there has prevailed here, and in this vicinity, an epidemic miliaria of serious character, confined almost exclusively to children, which, so far as I know, is in many respects peculiar.

The first two cases occurred almost simultaneously, about the 20th December, 1847, in children of the same family, and proved rapidly fatal, and since that time the disease has moved slowly but steadily on, attacking family after family, till there now remains but few subjects for its visitation.

In its access it resembles the eruptive fevers generally; the leading symptoms being, in a majority of cases, vertigo, drowsiness, rigors alternating with flushings, pains in the back and lower extremities, great lassitude, coldness of the feet and hands, followed, generally in the course of twenty-four hours, by soreness of the throat, the inflammation usually begins in the tonsils, which are early dotted by ulcerated points, the fauces soon becoming inflamed, and subsequently the mucous membrane of the nose. The tongue at this stage usually presents a peculiar appearance, as if rubbed with chalk; the papillæ showing above the white ground of a dark red hue, and the breath is now intolerably offensive. The febrile action, which is highly inflammatory, being now fully developed, the skin is hot and red, accompanied by a sense of pricking and itching which is sometimes excessive, and delirium is apt to be present, and in favorable cases the eruption (attended by a general roughness of the surface, constituting cutis anserina,) begins to appear within forty-eight hours from the first indisposition. The eruption shows itself first on the loins, and extends gradually over the back and abdomen, and often over the entire surface; the face being the last to show the rash. It is distinctly vesicular, rendering the skin rough and of a deep red; disappearing on one part and appearing on another; the desquamation, in branny scales, commencing in favorable cases about the third day from its first appearance; though in many cases the eruption has reappeared from time to time, not in the vesicular form, but merely showing beneath the cuticle, for three, four and five weeks after the subsidence of the original disease. In one case a second eruption occurred three weeks after the disappearance of the first, closely resembling rubeola; the patches being interspersed with the weals of urticaria, and this was fatal, from the supervention of peritonitis on the sudden retrocession of the eruption.

An excessive eruption has not been as favorable as when less extensive, leaving one part to appear on another. The former cases have been attended by an increased degree of inflammation of the fauces and mucous membrane of the nose, and have been followed by more and severer sequelæ.

The most severe cases have been those where the eruption from the first has been barely visible, and where gastric irritability has been great.

With a few exceptions, bronchial symptoms have been slight, or altogether wanting.

In the most favorable cases convalescence has commenced about the seventh or eighth day, though few cases have pro-

gressed to perfect recovery without relapses from the sequelæ, more painful and serious than the original disease. In fact, this disease (except where alarming symptoms have early appeared,) has not assumed its most formidable character until after the eruptive stage has terminated. Convalescence has been tedious and uncertain; and enlargements of the parotid and cervical glands, otitis, with abscess within the ear, muscular pains resembling rheumatism, and anasarca, have formed the usual sequel. Of the forty-two cases which have come under my care, thirty-seven have been children under twelve years old, (and this number embraces nearly all the children in this immediate vicinity,) four were adult females, and one male. Six deaths have occurred thus far. One from laryngitis, one from meningitis, two from bronchitis, all rapidly fatal, (the eruption having never been fully developed, but only slightly perceptible, and that in a very limited extent,) and two from peritonitis, relapsed cases, after four or five weeks from the subsidence of the original eruption. Many cases which have recovered have been of a most serious character, and altogether the disease has been formidable. As to its mode of propagation, I cannot compare it with any epidemic I have seen. As a general rule, where it has entered a family, none of the children have escaped, but have all suffered within from three to six or seven days; though there have been a few striking exceptions. In one family, two children had the disease, and after an interval of seven weeks another took it, and then a fourth after the lapse of five weeks, and a fifth a few days subsequently; the remaining three having thus far escaped.

In this garrison, of eleven children occupying adjoining quarters on one side of the parade, ten were attacked, and not till six weeks after the last case, did the children on the opposite side begin to suffer.

The disease is probably, under favoring circumstances, slightly contagious. I have seen, in previous years, isolated cases, and its prevalence this season seems to depend on some inappreciable atmospheric peculiarity.

It has prevailed epidemically among the Sioux Indians of this vicinity while on their winter hunt, attacking indiscriminately all ages and sexes; but with them, from causes probably connected with their mode of life, it has been comparatively mild. In the memory of the oldest Indians, this epidemic has occurred amongst them twice before, and is peculiar to the cold months in this climate.

The treatment of this disease has been dictated by general principles. Emetics of ipecac., when not contra-indicated

by gastric irritation, have proved of decided benefit, when given at the very onset, and subsequently mild cathartics through the whole course of the disease; though the persevering use of tepid sponging has been of more essential service than any other single remedy; allaying excessive heat of the skin, and general vascular excitement, obviating delirium and restlessness, and promoting sleep; thereby diminishing materially the risk of local congestions and inflammations; which have constituted the chief danger in recent cases.

Rooms highly heated by stoves, with imperfect ventilation, and too much bed covering, have proved in the highest degree pernicious during the eruptive stage; aggravating in a marked degree every serious tendency.

During the tedious and lingering convalescence, tonic and alterant treatment has been indicated.—*N. Y. Jour. of Med.*

2.—*Treatment of Erysipelas.* By H. G. Davis, M. D., *Millbury, Mass.*

In August 1846, I was called to E. C., a female, aged seventeen, of sanguine temperament, florid complexion, auburn hair—had always been in perfect health. She was attacked with chills and fever, caused, as she supposed, by taking cold. She complained of severe cephalgia. The mind sluggish, and a tendency to forget a question before she would be ready to answer. The tongue was dry and brown, with extreme heat of skin. I attributed much of the disturbance of the system to the fact that it was the first day of her menstrual period, and the discharge was stopped by her taking cold. I ordered an emetico-cathartic, composed of cal., pulv. sang. and followed it with diaphoretics and alteratives. There was a mitigation of all the fever symptoms, with the exception of the pain in the head, which continued with but little abatement. On the fourth day the erythematic inflammation made its appearance between the eyes, and extended over the nose and upon the forehead. It was first discovered soon after my visit in the morning, and I did not see it until evening.

I then applied nit. arg. around the inflamed surface, and slightly upon it; kept the face cool with spirits Mindereri. In the morning the inflammation had passed over the parts to which the caustic had been applied. I now painted it over with the alcoholic solution of iodine, but this did not check the progress of the disease; it advanced at a uniform rate. In the afternoon I called in my friend Dr. John Green, of Wor-

cester. He considered the case a grave one, and advised a continuance of the iodine, and a free use of the saline cath., sufficient to produce several dejections during the twenty-four hours. This advice was followed strictly. Through the next day, the inflammation advanced as rapidly as before, the treatment apparently not equal in power to the disease.

From the circumstance that I had seen this form of erysipelas mostly among intemperate persons, in hospital practice, at Bellevue, N. Y., whose constitutions were impaired by their habits of indulgence and exposure, rendering them not only trying cases to the physician, but frequently unfortunate, I was anticipating anything but a favorable issue. I mention this as a reason why I had not much confidence in any plan of treatment, and was prepared to adopt any course which might seem to possess power sufficient to control the disease.

In reviewing the medication recommended, most of which I had used and seen used, I found that a majority of it had a tendency to diminish the temperature of the parts to which it was applied; and that I had experienced the best results from that form which effected this object the most perfectly. Reasoning from these facts, I came to the conclusion that I would carry the refrigerating process to that extent, that it would control the inflammation, or give rise to some unpleasant symptoms that contra-indicated its continuance. In order that a thorough trial might be made of checking the inflammation by reducing the heat of the parts below their natural standard, I added salt to the ice, which is the mixture by which cream is frozen in the manufacture of ice creams. This was put in a vessel and covered with a blanket. I then had a change of folded cloths, so that while one set was upon the patient, the other was upon the ice. The first application allayed the pain, and this relief continued until the parts began to grow warm again, which, at first was not more than three or four minutes. It being necessary to apply the cloths in strips, it was a continual process of change. When the inflamed part was kept so cold as to feel almost like ice to the hand of the nurse, the patient would sleep quietly, and was free from pain; but if the attendant neglected to change the cloths in a given time, the pain would wake the patient.

From the commencement of this treatment, the inflammation not only ceased to progress, but began to subside, the general symptoms improving in the same ratio. After a few hours the cloths required changing less often; and as the disease yielded, she complained that the application made her chilly. The sensations of the patient (so far as evidence can be derived from four cases,*) are a safe guide upon this point.

*One since, making five.

This case went rapidly on to perfect restoration, without any untoward circumstance to mar the happy result, or tend to create distrust of the truth of my deductions.

February 28th, 1847, was called to a young man, aged 28, very fleshy, of temperate habits, and good general health. Four days before, he was taken unwell, complained of headache, chills and general symptoms of fever. The pain in his head increased, until he was unable to work. This was on Saturday, the third day. His wife gave him a sweat, as she said; he perspired freely, and the head was relieved, but in the morning she discovered redness and swelling at the inner canthus of both eyes, and across the nose. It was upon the evening of this, the fourth day, that I was called to see him, for the first time, and found the inflammation had extended over both eyelids. I administered the same general remedies and painted the inflamed surface over with iodine, made cooling applications, circumscribed the diseased portion with nit. argenti, keeping it upon the healthy skin. This caused vesication, but did not prevent the progress of the disease.

I now had recourse to the freezing mixture, as described in the other case. The general symptoms being so bad, I desired counsel, and Dr. Green was sent for. On his arrival, he advised a continuance of the treatment, as it had been so successful in the other case. The inflamed surface was excessively hard; it had, as Dr. Green remarked, a woody feel. This extreme refrigeration checked the spread of the inflammation, and the recovery was rapid. On the fourteenth day from the attack, after eating a hearty dinner and taking considerable exercise, the cheek began to inflame, but it was controlled immediately by the application of ice.

May 20th, 1848, Saturday, was called to see a young miss, aged eleven, in consultation. She had been under the care of Dr. Corlew, from the Wednesday preceding, at which time the erythematic inflammation made its appearance, and first upon the nose and between the eyes. The usual treatment had been pursued from Wednesday, until the time of my seeing her on Saturday about 1 o'clock, P. M. At this time the whole face, ears, and about two and a half inches of the scalp, were inflamed and much swollen, so that it was with great difficulty the eyelids could be separated sufficiently to exhibit the eyeball; yet it had not that indurated feel of the last case. The lower extremities were cold, the upper portion of the body very hot. The pulse varied from 130 to 140, and was quite feeble. The pain in her head was most intense, accompanied with raving delirium; she did not recognize her parents, or any one about her, but was constantly exclaiming,

that "they had split her head open," "they had cut her head off," "they had killed her," &c., indicating the suffering she was undergoing.

Just after I had prescribed for the patient, Dr. Green arrived; and after making an examination, he stated to the attending physician, that he had seen three or four cases that I had treated successfully in this way, and he must say more so than he had anticipated, and he should advise its continuance. The face having blistered in several places, the salt could not be borne, and cloths cooled only by the ice were used. Before leaving, gave four or five grains Dover's powder. At 5 o'clock, saw her again. She was quiet, had slept some, was calm and rational; said she had some pain in her head, but before I was through with examining the extent of the inflammation the pain became so intense that she cried out from the suffering. This was relieved as soon as the cold cloths were applied again. The bowels were moved several times a-day by the Rochelle salts; she took an infusion of Asclepias tuberosa, with fifteen or twenty drops of spts. nit. dulc. every three hours. After a few days the rad. serp. virg. was added to the infusion.

On the 8th day from my first visit, all symptoms of fever left her, and her recovery was rapid. A small abscess of a strumous character formed on the inferior maxillary bone, and another upon the forehead; the latter did not require opening.

In all these cases the rooms were kept cool, and there was a free circulation of air.

There are some conditions which appear so essential in order to accomplish the object sought by this plan of treatment, that I will mention them.

1st. The temperature of the inflamed parts, and for some distance around, should be kept much below the natural standard.

2d. Care should be taken that no small portion is overlooked, so that the inflammation may be extending itself unperceived at that point.

3d. The diseased parts should be kept *constantly* cold.

If this last precaution is not taken, and the parts become hot, the inflammation will extend rapidly, and it will require some hours to recover what has been lost.

This treatment can be considered no other than topical, and sustains no different relation to the general or constitutional medication, than any other local remedies; and I can perceive no objection to its being adopted, let the internal remedies be what they may. I should recommend the application of the alcoholic solution of iodine to the surface, as it serves to pre-

vent vesication, and probably is of advantage beyond this, in changing the condition of the parts beneath the scarf skin, or cuticle, by reason of its acrid and alterative power.

In the last case where the disease had extended behind the ears, under the chin, and upon the neck, I found it difficult to apply cloths so as to reach all the parts and keep them constantly cold. These difficulties suggested the idea of suspending the head in a net, or what might be obtained in almost any family, and would answer as good a purpose, the article termed tidies. This mode of suspending the head would allow the pillows to be moved, and allow a piece of oil-cloth to conduct off the water; I then would place over the head of the patient a vessel containing ice and salt, the water from which would be let upon the head through a faucet, in such quantity as was desirable. The parts desired to be kept wet should be first covered with cloths.

In this way I think all of the conditions I mentioned could be complied with, and a favorable result secured, without the fatigue, anxiety, and more than all, the liability of failure by reason of the unfaithfulness, or want of judgment of attendants.

The temperature of the parts could be regulated by the quantity of water permitted to flow, or by the ice and salt, or by both together.—*Boston Med. and Surg. Journal.*

3.—*Case of Periodic Convulsions Cured by Electro-Magnetism.* By H. L. Byrd, M. D., *of Georgetown, S. C.*

The following case may not prove wholly uninteresting to your readers, as it presents a practical illustration of the beneficial action of one of our most powerful remedial agents, and one too which admits of application to so great a variety of diseases. Electro-Magnetism is now claiming a large share of the attention of the profession, but to what extent investigations may ultimately lead, is of course difficult to determine. If we may be allowed to prognosticate, however, we bespeak a very high position for it in the control of diseases of the nervous system.

Harriet, aged twelve years, was sent by her master, R. W. Shackelford, Esq., from his plantation to town for medical treatment. I saw her on the afternoon of her arrival (5th of April, 1848;) found her insensible; hands clenched; pulse 85, soft and compressible; skin natural; head cool; respiration regular and easy; occasional moaning; jaws clenched. Soon after my arrival a convulsive action of the muscles took place;

this lasted several minutes, during which time she rolled and threw herself about violently on the floor. These paroxysms occurred at irregular intervals for three hours, after which she sank into a sound sleep from which she awoke at 9 P. M., feeling, as she expressed it, "*well.*" Three weeks previous to my seeing her she was attacked with the first paroxysm, and up to the date of my visit they had recurred regularly every afternoon, lasting each time from three to four hours. During the mornings she attended to her usual occupation, that of nurse to one of her master's children—entirely free from any disturbance in her system whatever. She had been bled freely, purged, and blistered on the back of the neck and between the shoulders. I examined her head and found it well formed; no part of the spinal column offered any symptom which showed a deviation from a perfectly healthy condition. She had never received any injury of either the head or spine, and up to the appearance of the first paroxysm had enjoyed excellent health, nor was any thing developed during our subsequent investigations and treatment sufficient to account for the fits. Ten grs. of calomel were ordered for the evening of the 5th, and castor oil and spts. turpentine for the ensuing morning.

April 6th, 9 o'clock A. M., found her up, expressed herself as feeling well; lively and communicative; pulse natural, 78; oil and turpentine acted several times, abdomen soft, no soreness on pressure over any portion of it, tongue clean and natural.

4 P. M., called to see her in a paroxysm similar to that of yesterday, applied large mustard poultice to abdomen and mustard plaster to inside of arms and legs; when she could swallow, (which was at irregular intervals) gave large doses of tinct. valerian and assafœtida, and enemas of same with turpentine occasionally; paroxysm lasted three hours and passed off as usual.

From this time to the 10th of April she presented the same condition during the forenoon described above, the convulsions recurred regularly at 4 P. M., each day, gradually increasing in violence, and lasting, as usual, from three to four hours.

During the above period she was treated with calomel, turpentine, valerian, assafœtida, blisters over epigastric and hypochondriac regions, enemas, &c. During the forenoon of the 9th she took 2 grs. of sulph. quinine and $\frac{1}{8}$ gr. of sulph. morphine at intervals of two hours, and on the morning of the 10th the same doses of quinine alone. I proposed to my friend, Dr. T. J. Dozier, who had several times seen the case,

the use of Electro-Magnetism. We visited the girl at 4½ P. M., on the 10th and found the fit on her; the fingers were violently pressed into the palms; the forearm flexed on the arms, and both drawn forcibly against the chest; the knees drawn up on the abdomen; pulse 90, regular and soft; surface cool; unable to swallow. With an assistant to keep her still we applied the poles of an ordinary Electro-Magnetic battery, the one to the occiput, the other to the sacrum. A violent convulsive movement immediately occurred and she escaped from our assistant. We soon, however, repeated the application and held her securely; in 4 minutes we had the satisfaction of seeing the muscles relax, and in 7 minutes she exclaimed, "*you are burning my back.*" She had never before spoken a single word during the paroxysms which as above stated lasted from three to four hours. From the time she spoke until the present (19th May) she has never had the slightest returnof paroxysms and is in high health. We continued the use of the battery on the afternoon of the 10th an hour, and repeated it for the same length of time, beginning at 4 P. M., on the 11th of April.—*Annalist.*

4.—*On Phthisis and other Diseases of Lima, S. A.* By Archibald Smith, M. D.

[For permission to copy the following interesting letter, (which, if not intended for publication by the author, is eminently worthy of it,) we are indebted to the kindness of Professor Dunglison. It gives a very different account of the liability to phthisis in Lima, from what we have previously had; and furnishes additional proof, that mere uniformity of temperature of the most genial character does not afford that immunity from disease of the respiratory organs that we are accustomed to expect.—*Ed. Examin.*]

Robley Dunglison, M. D., Jefferson College, Philadelphia:

Lima, 13th May, 1848.

Dear Sir,—It has been my good fortune, a few days ago, to have met with a recent edition of the Cyclopedia of Practical Medicine, revised with additions by you. In turning to the article Climate, of this admirable work, I was surprised to find it stated, at p. 449, vol. I., that "Dr. Burrough resided four years in Lima, and did not meet with a single unequivocal case of Phthisis which originated there during that period; although scrofula was not uncommon." Desirous to

rectify the conclusions that may be drawn from this statement, put forth in a work of such high authority, and so ably revised as it is by you, I take the liberty to address to you this letter, in order that you should be put in possession of the *real fact*, that cases of *unequivocal phthisis* are not uncommon in Lima. How this prevalent disease could have escaped the observation of Dr. Burrough, I cannot imagine, except it may have been that his practice was chiefly confined to foreign residents.

I flatter myself that you will kindly forgive this liberty, persuaded that the zeal and talent with which you successfully labour to diffuse the facts and reasonings of that profession of which I have the honor to be a member, will not be offended by any contribution which I can offer regarding the climate or diseases of Lima, with which a long residence has rendered me familiar in every class and rank of its population.

This capital covers a great extent of surface, and is interspersed with extensive orchards and convent grounds, all well watered by aqueducts, but productive of malaria, which at certain seasons—especially the autumnal—spreads ague in every street. The lower part of the town is only two leagues from the sea, and but a few hundred feet above its level, whilst the higher part is not quite a league from the nearest chain of mountains; and the suburbs are detached by the river Rimac, over which there is a bridge of communication, and flanked by the adjacent hills of San Christoval and Amencaes. Lima, thus situated between mountain and sea, and refreshed by a river, is free from the extremes of heat or cold. The temperature of the higher part of the city, which is skirted with orchards, is a few degrees cooler than that of the centre, near the cathedral and palace square. In the latter locality, during the dry season, the thermometer of Fahr. rarely rises above 80°—82°, and in winter it seldom falls below 60° within doors. The ordinary difference of range between the night and day thermometer is from three to four degrees in airy apartments, with brick floors, open windows and verandas, such as are common in Lima and on the coast. The hygrometer—Leslie's—seldom exceeds 50 degrees in the dry season —from November to May—or descends below 12 to 15 degrees in the cooler and more humid wintry months—from May to October. The barometer may be specified within the narrow range 29-910 to 29½. Rain is so rare as to be scarcely ever witnessed; for what is called the wet season in Lima and its environs is little more than a morning and evening haze, with a kind of Scotch mist or drizzle. The atmosphere of the coast

appears to have little or no electricity. Thunder and lightning are, like hail, snow and sleet, unknown in this bland atmosphere: on the Cordillera, indeed, these wars of the elements are prevalent during the wet season, when it rains in torrents; but even in these alpine regions it seldom rains before 2 P. M. On the Andes or Cordilleras, as on the coast, the seasons are properly divided into the wet and the dry. But the dry months of the mountains are the wet of the coast, and the wet season of the coast the dry on the mountains. On the coast, January, February and March are the hottest of the dry months; and June, July and August the most foggy and drizzly of the wet season.

The inhabitants of Lima and its adjacent maratime valleys are, many of them, of white parentage, but more generally a mixed race of all grades between the Indian and African, as well as between the white and Indian, and the white and negro. The white infant is generally reared at the breast of the black nurse; and is frequently passed from one to another, until the parents think that they have secured a proper one; but with all the care and anxiety inseparable from such transitions, the white child is often tainted in its blood from its earliest infancy. The white mother is, in this fair, but deceitful climate, so prone to *hæmoptysis and phthisis as a consequence of nursing*, that she is hardly ever able to suckle with impunity. But though in this respect the white parent is more tender than other women of inferior caste, yet delicacy of constitution is not confined to females of any class. Among all ranks of the community a general laxity and weakness of habit is prevalent. Errors of diet and education, with the entire neglect of medical police, may have much to do in developing the weakly physical character of these people; yet independently of all such causes, there is a want of tone or energy inseparable from the climate itself, which affects not only man, but also, in a most remarkable degree, the dog species, soon depriving even the English bull-dog of his ferocity and vigour. In short, whatever the cause may be, the fact cannot be concealed, that the European soon degenerates in this climate; and that the native, whether of European or African descent, shows an early predisposition, even in childhood, to habitual congestive diseases, such as hæmorrhoids; blenorrhœa; uterine, intestinal and pulmonary catarrh, which are too often precursory of dysenteries, cancer uteri, phthisis, asthma with disease of the heart and dropsy; not to mention gastric and other fevers consequent on a deranged state of the stomach, liver and bowels, besides the aggravating effects of the prevailing *malaria*, which always displays its influence

when the general health is impaired by divers other diseases. In the autumnal season especially, convalescents from other acute diseases are very prone to ague in some form or other. Yet in spite of all such multifarious ills, the climate of Lima has ever been exempt from any great or sweepingly fatal epidemics. Typhoid symptoms are sometimes sporadic in certain cases of fever, but never contagious; and the yellow fever has never approached nearer than Guayaquil, on the Equator—12 degrees north of Lima.

With regard to phthisis, when imported by sickly sojourners from Chili and other parts, it is true that such invalids seem to get better for a short time after their arrival in Lima; but the amendment is more in the feelings of the patient, soothed for a while by the comparative mildness of the air, and the out-door exercise which animates the sinking spirits, after the confinement and monotony of a sea voyage of greater or less duration. But the painful truth remains to be told, that though the organic lesions may thus be more or less modified, or arrested, for a time, especially during the summer months, yet the disease, in the long run, makes sure progress to its fatal termination. It is usual, in consultations on such exotic cases, for Lima physicians to recommend the patients to retire from the capital with the least possible delay.

Hæmoptysis is often symptomatic of simple pulmonary congestion in the fevers of the coast—especially among negroes —and of amenorrhœa among young females. Be its origin what it may, its appearance is always associated with the idea of phthisis; because most of the fatal cases of this destructive disease in Lima are attended with spitting of blood at some stage of their progress: hæmoptysis—one of the most prevalent disorders in Lima—is therefore looked upon by every Limenian as a precursory symptom of phthisis pulmonalis; and its fatal consequences are so well known to the physician, and so dreaded by all, that the patient who hopes to escape with his life is ordered to leave the warm and humid air of the coast for the more congenial air of some inland valley of the Andes, where every diversity and gradation of temperature may be met with. The very warm and dry atmosphere of some inland valleys does not appear the most suitable, even though the *annual range* of the thermometer (Fahr.) be only from 66 degrees to 72 degrees, as, with little variation, is the case in the vale of Huanuco, between the Eastern and Western Cordilleras. Tarma and Canta, both about 10,000 feet above the level of the sea, and of a moderately humid temperature, at about 60 degrees Fahr., are the favourite and approved haunts of hæmoptic convalescents

from Lima. Scrofula, in form of what the natives call "lamparones," or clusters of swelled glands in the neck, is a common disease among all castes, but more especially in a certain dark race of mulatto and negro parentage, very much employed as domestics, and from whose number nurses for the white children are often provided; though when it can be done, the negress is always chosen, as it is imagined that her milk is less heating. The black cow's milk is also preferred on the same idea. By popular consent and phraseology all things eatable or drinkable are divided into cold and hot; but in the application of this fundamental principle of Spanish-American dietetics, very fatal vulgar errors are committed; and particularly in cases of incipient pulmonary disease, wherein they attribute all to "*ardor interior*," or an internal heat, which they offer to correct by *iced beverages*, sitting in draughts between open doors and windows, and exposing the chest and shoulders to the chilling action of such artificial currents of air—very often the cool night air!

Diseases.	Total of the Five Years.	Average of.
Dysentery, - - - -	2381 -	476 1-5
Fevers, - - - -	2547 -	509 2-5
Tabardillo or low nervous fevers,	363 -	72 3-5
Phthisis, - - - -	1548 -	309 3-5
Pleurisy and pneumonia, -	774 -	154 4-5
Dropsy, - - - -	520 -	
Cholera morbus, - - -	8 -	1 3-5
Malignant pustule, - -	2 -	2-5
Small pox, - - - -	118 -	23 3-5
Convulsive cough, - -	22 -	4 2-8
Sudden deaths, - - -	206 -	41 1-5
"Fusilados" or shot, - -	11 -	2 1-5
Various diseases, - - -	7280 -	1456
	15780	3156

In order to show the extent of mortality in Lima, and the relative proportion of fatal diseases, I have given an authentic Table of Mortality, from the official reports of the public cemetery or Pantheon of Lima, during the five years 1842 to 1846. This Table, however, does not include English or Americans *not* Roman Catholics, who have a burying place of their own near the seaport of Callao—two leagues from the capital.

It may be interesting to premise that the whole population of Lima, by the latest census made about ten years ago, did not quite reach 56,000; but that, allowing for the great influx

of foreigners, and even native families from remote provinces, during the last ten or twelve years, the present number may be computed at 60,000, or thereabouts, which it is well to bear in mind when considering the great annual mortality in the Table.

Remarks.—Suppose the population of Lima 60,000, and the deaths in the same 3156 yearly, it appears that in less than twenty years a number equal to that of the whole population is carried off by ordinary diseases.

The great amount of deaths under "Various Diseases" not only includes a large proportion of fatal infantile diseases—especially dentition, which occur in private families, but also of the poor who die in hospital, and whose diseases are not regularly specified in the returns of the Administrator of the Public Cemetery, as are those of such as die in private houses, and have to be duly reported by the parochial curates; who, for special reasons, are very attentive to the discharge of this duty.

Now, in reference to consumption, or phthisis pulmonalis, (so prevalent among the poor in hospital during the spring and autumn months,) were the fatal cases distinctly recorded instead of being indiscriminately huddled under the head of "*Various Diseases*," the mortality from phthisis would be seen to exceed very considerably the numbers stated in the above Table of Lima Mortality. And it is of great moment to state explicitly in this place, that of at least thirty-eight or forty dissections lately made in hospital of those patients who have died with the ordinary symptoms of phthisis—(such as cough, purulent expectoration, and colliquative sweats or diarrhœas, with hectic fever, &c.) all have, on inspection, presented the lungs in a highly tuberculated condition—in some instances all over studded with tubercles.

Under the head "Convulsive Cough" are included suffocative catarrh and croup. The latter is not a common disease; but last week I attended, in consultation, a case of angina membranacea, which was complicated with secondary croup, clogging the air tubes by ropy mucous secretion, and false membranes, of which pieces were ejected by coughing. It proved fatal on the eighteenth day from the invasion of the angina. During the hot months, when the irritability of the whole system is greatly increased on the coast, the mucous membrane of the stomach and bowels becomes readily affected, and cholera morbus is a common result; but as this disease is almost always cured with *ice*, the deaths, as above, are few.

For a further account of Peru and its diseases, permit me to refer to "Peru as it is," published by Bentley, London, 1839,

in which I would particularly refer to the Chapter on Limenian Dietetics, in Vol. I.; and likewise to what I have written, entitled "Practical Observations on the Diseases of Peru, described as they occurr on the coast, and in the Sierra," in the Edin. Med. and Surg. Journal, in successive papers—to be seen in No. 143, 144, 145, 148, 149, 151, 152. And asking your indulgence for so long and crammed a letter,

With the highest consideration and respect,
Allow me to be your very obedient servant
And well wisher,

Med. Examiner. ARCHIBALD SMITH.

5.—*Treatment of Yellow Fever.*

[THE following article upon the treatment of Yellow Fever is an extract from a very interesting paper in the Sept. No. of the New Orleans Med. and Surg. Journal, by Dr. Fenner, of New Orleans. It will be found extremely interesting.]

WHAT shall I say under this head? Such is the diversity of theory and practice pursued in *yellow fever* by the physicians of New Orleans, that it would be altogether vain for me to attempt to delineate it. Suffice it to say, that every conceivable variety of practice is pursued, from the use of the most *heroic remedies*, down to a virtual dependence on the *vis medicatrix naturæ*. The previous numbers of this Journal contain three systematic essays on the *cause, nature and treatment of yellow fever*, emanating from gentlemen who occupy the highest rank among the medical faculty of this city—I allude to the papers of Drs. J. F. Beugnot, P. A. Lambert and J. Harrison. In these essays, all the prominent remedies that have been resorted to in the treatment of this disease are ably reviewed, and their merits and defects fairly stated, after having been fully tested. They will always be referred to with interest by the student of yellow fever at this place, and are particularly valuable as illustrating the views of the leading French and American physicians at this city at the time. Of course many differ from these gentlemen; but the difference is in minor matters.

I deem it altogether useless to give the treatment which I pursued, but perhaps a brief allusion to a few of the most prominent methods pursued by our physicians would be acceptable to the reader.

In reflecting on the various remedies and plans of treatment in yellow fever presented to my view in the course of a

pretty extensive and careful observation at the Charity Hospital, in the walks of private practice, and in conversation with my medical brethren, I think the whole may be designated under the following two general plans of theory and practice, viz., *the abortive and the rational or eclectic plan*.

1. *The Abortive Method*.—The object of this method is *to cut short the fever as soon as possible*. It was pursued by a few bold practitioners, who, however resorted to very different means for its accomplishment: one set relied *almost exclusively upon blood-letting*, the other equally as much *upon the sulphate of quinine*. *The blood-letting plan* is as follows:—as soon as the chilly stage is passed and reaction fully established, the patient is set up in bed and bled in a full stream *to syncope;* a purgative enema and hot mustard foot bath are then administered. Reaction takes place, and when fully developed, the bleeding is repeated as before. And so on, as the reaction is strong and the patient can bear it. If the patient is unable to bear venesection, local depletion, by means of cups or leeches to the chief seat of pain, is resorted to. Some patients require to be bled four or five times, but generally not more than one or two free bleedings; with perhaps some cups or leeches. No medicine is given by the mouth,—the bowels are kept freely moved by enemata. The foot-baths and sponging the body, repeated *pro re nata*, with cold drinks and light covering, complete the treatment. This is the depleting plan *par excellence*, as practiced by the late Dr. Luzenberg, Dr. Beugnot and a few other leading physicians below canal street. There are others who follow this plan somewhat modified—they deplete all cases and freely, but they give medicines also. If the patient be of such a temperament or in such a condition that he cannot be bled, local depletion is depended on; but these gentlemen look upon all such as have severe attacks and *cannot bear the loss of blood* as being *very dangerous*.

The Quinine Method.—In the essay of Professor Harrison, previously alluded to,* may be found an interesting account of the introduction of large doses of the sulph. quinine in the treatment of yellow fever in this city, in 1839 and 1841.

If I am not mistaken, the gentlemen who first adopted the practice still admit the wonderful powers of the medicine,

*See Dr. Harrison's paper on Yellow Fever in the Second Volume, November No. of this Journal—also Dr. McCormick's papers on the use of Quinine, &c., in the same Volume and Number.

though they have since fallen into more of an eclectic plan. Assistant Surgeon Charles McCormick and Dr. A. J. Wedderburn are the only physicians, so far as I know, who pursued this practice *in its full extent*, in the treatment of this epidemic. I shall therefore give their methods as obtained from themselves. As practiced by Dr. McCormick, it is as follows:—when the fever is fully developed, a purgative enema and mustard foot-bath are first used, and from 15 to 30 grains of quinine then given *to subdue the fever*. If the pain in the head is *very violent*, he is bled from the arm, or cups are applied to the mastoids; otherwise, blood-letting is dispensed with. The large dose of quinine seldom fails to reduce the excitement in a few hours, and then he gives 15 or 20 grains of calomel with or without as much of the quinine combined. The foot-baths and enemata are repeated *pro re nata;* the bowels are freely purged; the fever vanishes, and the patient seldom requires more than the third dose of quinine.

Dr. Wedderburn first orders an enema, consisting of a table-spoonful of mustard in a quart of warm water, which he says evacuates the lower bowels more promptly and efficiently than anything else. Then comes the hot mustard foot-bath, and afterwards the following dose;—℞ Pulv. Rhei. grs. x, Pulv. Ipecac. grs. ii, Submuriat. Hydrarg. grs. v, Sulph. Quinine, ℈i, mix in syrup and give at once. Sometimes he first gives 15 or 20 grains of quinine with 20 or 30 drops of laudanum suspended in water, and the above powder immediately afterwards. This purges freely in six or eight hours, and the quinine and laudanum are afterwards repeated according to the pain and fever. The purgative mentioned happened to be the one he mostly used last summer—he admits that some other might have done as well. This is his most general course. If the attack be very severe, and the patient suffers violent pain in any part, he at once gives from 20 to 30 grs. of quinine combined with 40 or 50 drops Tr. Opii, or 2 or 3 grs. of opium. According to Dr. W. this dose rarely fails to extinguish both the fever and pain in a few hours. Drs. McCormick and Wedderburn both speak in the most exalted terms of their abortive methods of treating yellow fever. Dr. W. *never bleeds from the arm*, and very seldom orders either cups or leeches. Other physicians here use quinine freely in yellow fever, but not like the above named gentlemen, *to cut the fever short at once.*

There is one thing worthy of special notice in connection with this method of treating yellow fever, which is, that although the fever may be cut short, the disease is not always necessarily removed. Convalescence is not at once establish-

ed; but the patient occasionally lingers in a feeble, though cool, quiet and painless state for some days, and then sometimes dies with black vomit. It would seem that the alterations in the blood, &c.. produced by the morbific cause, still go on, to terminate in health or death, although what is called *the fever* is extinguished. Dr. Harrison mentions this fact in his essay before mentioned, and it is well known to many of our physicians. It has been remarked, that even when the fever *was not cut short by any potent medicine*, but spontaneously subsided in 24 or 36 hours, as it sometimes does under the use of mild remedies, the prostration would be as great and the convalescence as tedious as if the fever had run its usual course for 72 hours. Hence it is thought that *the febrific poison must be eliminated through the natural emunctories*, before healthy reaction can be established. With some, this might constitute a serious objection to the *abortive method by quinine;* but it certainly is an important consideration to be able to relieve the painful and distressing symptoms, by a remedy which does not prevent the execution of any other indications that may arise. Nor can it be denied that when pain and febrile excitement are reduced, the system becomes much more amenable to the action of any remedies that may be indicated.

Under this view of the matter, I think the introduction of *sedative doses* of the sulphate of quinine may be considered a valuable improvement in our therapeutics of yellow fever. There evidently exists considerable prejudice against this method of using quinine, and we hear of physicians, both in this city and elsewhere, who state that they gave it a fair trial, and it did not answer their expectations. For my own part, I think it very doubtful whether they have given it a *fair trial*—they are *afraid of it*—in short, *they have not learned how to use it.*

As to the fact that patients are sometimes unexpectedly lost after all fever and pain are subdued, Dr. Wedderburn says that in all such cases as have come under his observation, it proceeeded from the most *culpable imprudence*. They are so promptly relieved from all pain and fever, that they do not allow sufficient time for the system to recover from the shock it has sustained.

2. *The Rational or Eclectic Method.—This method is founded on experience and rational observation*, but independent of scientific induction. The object of this method is *not to cut short the disease*, or take it entirely out of the hands of nature; but rather *to guide the patient through the natural stages of the fever, and to address proper remedies to the symptoms as they are present-*

ed. If blood-letting is plainly indicated, they bleed—if any particular organ seems to suffer most, they address their remedies chiefly to that, and so on.

A *rational eclecticism* is the *platform*, to use a phrase that recently has come much in vogue in the politics of the day, on which the great body of the Medical Profession stand at the present day, in the treatment of most diseases. The very existence of *specifics* is doubted by many, and we have to be guided by *general principles* until we learn from *experience* the *peculiarities* belonging to diseases in different regions and localities, and the adaptation of certain remedies to meet these peculiarities. That different climes and localities do give striking peculiarities to the diseases which prevail in each, is almost universally admitted by those who have extensive opportunities for observation.

Such being the object and views of the advocates of the *rational* or *eclectic* system, they go to work accordingly, each prescribing the remedies which he has found by experiment best adapted to meet the symptoms, and most of them falling into more or less of a *routine*. Nor, under these circumstances, is it surprising either that there should be a great diversity of practice, or that the practice should vary in different places and seasons. The general practice in yellow fever pursued in New Orleans is not always the same; and it generally differs from that pursued in Mobile, Vera Cruz, Havana, Charleston, Natchez, Vicksburg, &c., because each of those places presents some modification of the disease. It would be almost impossible to describe all the plans of treatment pursued by the rationalists in this city, but perhaps I may succeed in giving an outline of a few of the more prominent *routines*.

I may state that *venesection* is used with great caution by the rationalists—they foresee a stage of depression or exhaustion, that will inevitably appear at the decline of the fever, and therefore endeavor to economise the powers of the system as much as possible. Cupping over the chief suffering organs is much oftener resorted to. Mustard pediluvia are universally administered. In the first stage of the fever, a purgative of some kind is invariably administered. Some give an efficient dose of castor oil; others prefer a mercurial cathartic; others a saline. The bowels having been freely evacuated, local symptoms relieved and a general perspiration established, absolute rest and quietude are rigidly enjoined, and the fever is permitted to go on to its natural termination or crisis, which generally takes place on the *third day*. This is truly the *critical stage* of the disease, for the fate of the patient will

soon be decided. He must either die or begin to recover very soon. A new set of symptoms are now presented, requiring different remedies altogether from those first used. Blisters, gentle stimulants, anodynes, antacids, &c., are now called in requisition and demand the utmost skill of the physician. Many patients are doubtless saved after getting upon *the very verge of the black vomit;* but after this discharge becomes established, they are generally considered beyond the reach of medicine and have to depend upon the efforts of nature and the kind attention of the nurse. A variety of medicines have been recommended for black vomit, but so far as I have been able to ascertain, not one of them possesses any *reliable virtues.* French brandy, porter and ice are depended on more than anything else in this stage, by the physicians in New Orleans. Some physicians, amongst them a few eminent practitioners, after relieving the first distressing symptoms, by means of a purgative, the mustard foot-bath and cupping, put the patient at once on the solution of the sulphate or ferro-cyanate of quinine, 5 grains a dose every two hours, until the fever completely subsides. When the critical stage arrives, they treat it pretty much like those just mentioned. I cannot descend into the minutiæ of practice, but such is an imperfect outline of the the practice pursued by the rationalists. As before stated, their object is *not to cut short the disease, but to guide the patient safely through all the natural stages of the fever.*

There are, doubtless, cases that will prove fatal in spite of anything that can possibly be done. From the time the disease is declared, the patient is a *doomed victim.* He is either overwhelmed irresistibly at the outset, or the poison works its ravages *so stealthily* as to escape observation until it is too late for remedies. Witness the case of Dr. Dashiel, in which black vomit unexpectedly appeared whilst a man was getting shaved in a barber's shop, at Vera Cruz. I myself have seen a man lying quietly in his bed at the Charity Hospital, *reading a book*, whilst the fatal black vomit was already upon him. He seemed to be surprised at the minute inquiries I made about his case, and as I turned away, asked if I thought *he was in any danger?* I gave him an equivocal answer, and left him in blissful ignorance. He resumed his story, and I saw him no more. The next morning he was dead.

It has been shown that the most robust class of people and at the most vigorous age are the favorite subjects of yellow fever. Such persons do not complain at trifles; they often pay but little attention to the first symptoms of disease, and only take to their beds when completely overpowered, thus

losing the most important time for treatment and lessening their chances of recovery. Thus the hardy mechanic or outdoor laborer is often lost; whilst the more delicate, sensitive and prudent gentleman or lady is preserved. As to the *amount of success* attained by the followers of *the rational method*, it is impossible for me to state it. So far as I have been able to ascertain from some of the most extensive practitioners, it was at least *very gratifying to themselves.*

Homœopathy.—I cannot close my remarks on the treatment of yellow fever, without a brief allusion to a novel practice which has recently been introduced into our city, and like all novelties has captivated some of our citizens. I allude to *Homœopathy* and its practice. In the autumn of 1846, Dr. Taft, apparently a modest, intelligent and genteel young man, came from the North and settled himself in New Orleans, to practise this new system of medicine, up to that time unknown in these parts. Having gone before the Board of Examiners, presented his diploma, (I know not from what medical college,) and obtained license regularly, he soon met with great encouragement and was really established into a lucrative practice at the time the epidemic broke out in the summer of 1847. As he was unacclimated, and of course might expect to be attacked, he was asked by a friend "what physician he would employ when he should be attacked with yellow fever?" His reply was—"Dr. Taft." Sure enough, in the month of August he was severely attacked, and Dr. Taft being immediately on hand, he was called on to attend Dr. Taft. He at once resorted to his infinitessimal doses of Homœopathic medicines, and continued them until the end of the second day, when he became so ill, that his friends insisted on calling in medical aid, *nolens volens.* Two of the most respectable regular practitioners of the city were called in and did everything in their power to save him, but the precious time for active treatment had been lost, if *not worse than lost*, and he fell a victim to his own folly.

With Dr. Taft died *Homœopathy* in yellow fever for the season; but the reports of his successful *debut* went abroad throughout the land, and the vacancy created by the disappearance of "*Yellow Jack*" and *Dr. Taft* was soon filled by a host of Homœopathic physicians, chiefly from the "land of steady habits." They seem to find much favor in the sight of the community during *the healthy season of the year*, but whether, like the martins, they will vanish when the "Dog star rages," remains to be seen.

Hydropathy.—I heard of but one physician who pursued the hydropathic treatment, though there may have been others. Dr. S. W. Dalton, a regular licentiate, early in the epidemic fell upon the following simple method, with which he says he was so well pleased, that he pursued it throughout the season. As soon as the fever was fully developed, and when the pains in the head and back were most severe, he enveloped the whole body of the patient, from the neck to the thighs, in a thick bandage of cotton or linen cloth, and then placing him in a large tub, poured cold water upon his head until he became perfectly cool and thoroughly *soaked*. He says this never failed to remove all pain and make the patient comfortable. He was then put into bed, and the covering tucked closely about him. In a short time, he broke into a profuse perspiration and went to sleep. If the heat and pain returned, the cold water was re-applied. In the mean time, the bowels were freely opened with castor oil, cool drinks were given, and this constitutes the whole treatment. Dr. D. says he treated more than 200 cases in this way, with the most gratifying results.

6.—*A case of Fibrous Tumour of the Lower Jaw, in which the left half of that bone was successfully removed at the Temporo-maxillary Articulation.* By S. D. Gross, M. D., Professor of Surgery in the Medical Department of the University of Louisville.

Kitty, a negress, nine years of age, was brought to me for professional advice, on the 2d of May, 1846, by her master, Mr. Lawton, of Rumsey, Kentucky. Eighteen months previously she punctured the left side of her face with a piece of wood, which she happened to have in her mouth as she fell, headforemost, from a high fence. Some inflammation ensued, but this rapidly disappeared, and nothing further was thought of the accident until four months after, when a slight enlargement was noticed at the original site of the injury. This gradually extended until it involved the whole of the left side of the jaw, from the ear to within a few lines of the symphysis of the chin, and from the middle of the cheek to the upper part of the neck. The tumour, which had increased very much within the last four weeks, was very prominent, externally, and reached, at the time of my examination, when the head was held in its ordinary position, nearly down to the clavicle. Articulation and mastication were both very much impeded, and the jaw was so completely anchylosed that it was almost impossible to

move it in any direction; indeed, the interval between the dental arches was so small as not to permit the protrusion of the tip of the tongue. The swelling was very hard externally, and towards the base of the jaw were two small points, which seemed to have been the seats of little abscesses, probably of a scrofulous character. In other respects, the skin was perfectly sound. Internally, the bone appeared to be healthy, and did not encroach upon the tongue. The tumour was at first free from suffering, but during the last month the girl complained of a good deal of pain, especially at night. The general health was unimpaired.

Such being the condition of the parts, it was obvious that nothing short of excision of a portion of the jaw could afford any relief. The operation was performed on the 5th of May, in the presence of Dr. Colescott and Dr. Thomas L. Caldwell, and a number of medical students. As a preliminary step, the body and limbs of the little patient were surrounded by a strong apron, carefully pinned behind, as in the operation for harelip. She was then seated upon a chair, with the head inclined a little backwards, and supported by an assistant. An incision was made through the middle of the lower lip to the base of the chin, and, at a right angle with this, another along the body of the diseased bone. The flap thus marked out was then dissected up, and the jaw sawed through a little obliquely, immediately by the side of the symphysis, so as to preserve the two incisors. An incision was then carried from the tragus of the ear to the termination of the horizontal one, already mentioned; the integuments were rapidly dissected up; the masseter, temporal, mylo-hyoid, and pterygoid muscles were successively separated from their attachments; and the bone was finally raised from its socket. Not a little difficulty was experienced in this stage of the operation, from the cartilaginous adhesion between the coronoid and zygomatic processes, the former of which was very much thickened, and forced the latter out in such a manner as to render the cheek quite prominent, in that situation. The temporo-maxillary joint was completely anchylosed, and the attachments formed by the condyle rendered the disarticulation almost impracticable.

A part of the submaxillary gland appeared to be changed in structure, and was accordingly removed. Several lymphatic ganglions of the neck were, for the same reason, excised.—The operation was exceedingly painful; and, as I was about to disarticulate the bone, the patient swooned away. Scarcely six ounces of blood were lost. and, what is remarkable, not a single vessel required to be tied. The bleeding from the facial artery, which was divided in the early stage of the operation, was readily controlled by the finger of an assistant.

The tongue, stylo-hyoid muscle, and submaxillary gland were fully exposed by the dissection; the parotid lay at the posterior part of the wound; and the external carotid was seen pulsating just below the ear.

The operation being over, the wound was kept covered for nearly three hours with a thick linen compress, frequently wet with cold water. At the expiration of this period, the edges were brought together by six twisted sutures, and a few adhesive straps, the whole being supported by a thick compress and a roller.

Very little pain was experienced after the operation, and the patient slept comfortably during the succeeding night.—On the following day there was slight fever, with some swelling of the left side of the face, but this yielded speedily to a dose of Epsom salts and cooling drinks. The needles were removed at the end of the third day, and the parts were found to be beautifully united, both externally and internally. Subsequently the temple and cheek were invaded by erysipelas, brought on, apparently, by premature exposure and improper eating. A dose of calomel and the application of the tincture of iodine, promptly put a stop to this disease; and from this time on, the convalescence was rapid and uninterrupted.

The tumour, on dissection, was found to be of a fibrous character, dense, inelastic, and of a dull whitish colour. The periosteum, from which it probably arose, was considerably thickened, and could be peeled off, without difficulty, from the subjoined bone. The bone itself was considerably enlarged, and a section of it exhibited a uniform, compact surface, with here and there a small elongated cell. The coronoid and condyloid processes were remarkably thick, and the latter had lost its smooth and polished appearance. The body of the bone contained a perfectly healthy molar tooth.

Upwards of two years have now elapsed since the above operation, and there is, thus far, no evidence whatever of any tendency to a relapse of the disease for which it was undertaken. Kitty's master has recently informed me that she is entirely well, that there is hardly any deformity of the face, and that she chews, articulates, and swallows with as much facility as any one.—*Am. Jour. of Med. Sciences.*

7.—*In what cases are alcoholic drinks indicated in medical practice?* By N. S. Davis, M. D., editor of the New York Annalist.

In the preceding articles on the physiological action of Alcohol, we have shown, that when taken in health, it diminishes

the physical strength and power of enduring fatigue, interferes with the process of arterialization, diminishes the appetite for food, and changes the condition of the blood. And yet, while it continues to circulate unchanged in the blood, it exerts on the nervous system a peculiar and highly stimulating or exhilarating influence which renders the individual, not only wholly unconscious of his diminished physical energy, but often induces him to think it very much improved. If these conclusions are well founded, then we are prepared to understand the exact therapeutic application and value of Alcohol in all its forms.

1st. It cannot be properly prescribed as a tonic, to increase the permanent strength and energy of the whole or any part of the system. This position is one of great importance, as it is in direct conflict with the daily practice of many eminent practitioners; and hence the sooner its truth is either fully established or disproved, the better it will be both for the profession and the public. It is by no means rare to find patients belonging to all ranks of society, especially in our cities and large villages, who have been advised by their physicians to take a draught of fermented or distilled spirits, with each meal, as a remedy for the first stages of dyspepsia, or for simple debility arising from other causes. But a more deceptive and pernicious practice can not be adopted. We say deceptive, because the Alcoholic potion thus taken, instead of removing the gastric irritation, simply exerts such a degree of exhilarating influence on the nervous tissue, as to render the sensorium unconscious of the gastric suffering, and the patient is thereby lured on, until confirmed dyspepsia, or what is far worse, a confirmed appetite for Alcoholic drink, or both, is fastened upon him. A great number of cases might be adduced as illustrative of this position, did our limits permit; and we speak advisedly as the result of no small amount of personal observation, when we say that scores of drunkards and invalids are annually manufactured by this kind of medical advising. It is true that a patient while under the influence of Ether or Chloroform may be, not only destitute of suffering, but extremely happy, and yet the surgeon's knife will cut just as keenly and sever his limb just as certainly, as though he felt every stroke ever so sensibly. And it is equally true that an individual while under the temporary exhilaration of a glass of fermented or distilled liquor, may digest a dinner, or endure a degree of cold, without consciousness of suffering, which in the absence of such exhilaration would be extremely annoying, and yet both the dinner and the cold, like the surgeon's knife, produced their injurious effects on the stomach

or system, just as much as though the patient had been acutely sensible to every unpleasant feeling.

It is this exhilarating power of alcohol, coupled with the diminished sensibility which it induces, that gives it popularity as a remedial agent in many states of the system, and under circumstances where its real effects can scarcely fail to be injurious. 2d. It cannot be properly prescribed for the purpose of improving the quality of the blood. We have had frequent occasion to observe cases like the following, viz :— A. B., aged 8 years, child of poor parents, lives in a basement room but poorly ventilated, food coarse and often indigestible, clothing scanty and dirty, somewhat emaciated, pulse slightly increased in frequency, lips and tongue pale, has had sores about the ears and eruptions on the scalp, and several of the lymphatic glands of the neck are greatly swollen. Here is a simple case of scrofula, accompanied by an impoverished state of the blood, the legitimate result of bad food, bad air, and bad clothing. Well, what is the remedy? The Doctor's reply is, plenty of good air, cleanliness, and such a diet as will promote the formation of good, healthy blood, viz: plenty of good bread, good meat, ripe fruit, and a little good wine or porter every day. Now, unless we deny in toto, the correctness of the experiments of Prout and many others, which show that the presence of Alcoholic liquids in the blood, directly interferes with the indispensable process of arterialization, very much lessening the amount of carbonic acid exhaled, together with all that mass of evidence alluded to in our last number, we must admit that the wine or porter in such cases is directly calculated to defeat the object for which they are given, i. e., to promote the formation of healthy blood. We are well aware that many cases may be adduced in which rapid improvement was made while under the daily use of Alcoholic beverage; and we are equally aware that ten times the number can be adduced marked by improvement equally rapid and satisfactory, without the use of one drop of such beverage. Are we then to conclude that the improvemeat is owing to the wine or other spirits, or to the change of air, cleanliness, and good diet, in spite of the Alcohol? Our own experience, as well as all the experiments hitherto performed in regard to the physiological action of Alcohol, incline us strongly to the adoption of the latter conclusion. On this subject we are happy to find our own views fully sustained by the writer in the British and Foreign Medical Review, to which we have already referred in preceding numbers. He says, "at present, nothing in the annals of quackery can be more truly *empirical* than the mode in which

fermented liquors are directed or permitted to be used by a large proportion of medical practitioners. If their physiological action be really as grossly misunderstood as we deem it to be—if their benefit can be looked for in little else than their *stimulating* effects, and the belief in their permanently supporting character be really ill-founded—if we are to distrust the grateful sensations which commonly follow immediately upon their use, and to look for evil in more remote consequences (as the experience of the results of their habitual employment would lead us to do)—then it is obvious that a great change will be needed in our usual practice in this respect, in order to bring it into conformity with the mere corporal requirements of our patients, to say nothing of its bearing upon their moral welfare." Again the same writer says, when speaking of the use of fermented liquors in "chronic disorders of the digestive apparatus," that the "action of these, in such states of the system, is precisely like the application of the whip and spur to the horse already tired, which produces a temporary improvement in his pace and prompts him to get through his work the quicker, but which leaves him, when he has done it, more fatigued than if he had taken his own time." But if Alcoholic liquors cannot be properly used either as tonics for permanent increase of strength, or for improving the quality of the blood in anemia, for what are they applicable as therapeutic agents? We answer, that being powerful temporary stimulants, they are applicable to such cases, and such only, as are characterized by a failure of the organic system of nerves to sustain the all-important functions of respiration and circulation.

Such cases we meet with frequently among the typhoid forms of fever, and occasianally in the latter stages of all acute diseases. They are generally characterized by coldness of the surface and extremities, feebleness of the pulse, and oppressed or diminished respiration. In these cases the blood has lost its power to arouse and maintain the energy of the organic nervous system; and hence the presence of the Alcoholic liquid is used in adding to its stimulating qualities, and if the dose is repeated with sufficient frequency to keep it constantly circulating in contact with the tissues, it may effectually prevent that fatal prostration which would otherwise ensue. It is thus, as a *temporary stimulant only*, that we believe either fermented or distilled liquors are applicable in the practice of medicine. And even when used in such cases, a due regard for the moral welfare of our patients, would induce us to so combine them with such bitter infusions as

would effectually prevent the formation of that appetite which has ruined, and is still ruining thousands and tens of thousands.—*Annalist.*

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

1.—*Treatment of Cholera.* By Dr. Gavin Milroy.

This author observes, that the first thing to be done is to have the patient at once stripped and enveloped in warm blankets. The application of bottles of hot water, bags of hot salt or bran to the feet, between the legs, and along the course of the spine, will always be useful in increasing the warmth of the general surface. This is a point of great importance; as the cutaneous circulation is all but arrested, and the blood is consequently accumulated in the internal viscera.

This preliminary point being attended to, he recommends, on the results of some experience during the epidemic of 1832 in London, the immediate exhibition of *saline emetics*. Without going so far as to say that the incessant vomiting, which generally constitutes so distressing a symptom of the disease, is a medicative effort of the system either to relieve itself of offending matters, or to rally the stagnant state of the circulation; he does not doubt that the practice, so often pursued, of seeking to arrest it at once by the exhibition of large doses of opium and other narcotico-astringent remedies, has been the cause of much disappointment, and not unfrequently too of very serious mischief. Common salt is at once the most convenient and the most useful emetic that can be employed. Let from a dessert to a tablespoonful or more be dissolved in a tumblerful of water, and drank off immediately; and let the dose be repeated again and again at short intervals, if it be speedily rejected without having induced the forcible contractions we desire. When this object is once fully attained, the incessant vomiting, which existed before, will, in very many cases, be found to be remarkably abated. Then is the time for the application of a stimulating *epithem* upon the abdomen, and especially over the epigastrium; and certainly nothing is better for this purpose than that which has been so strongly recommended by Dr. Copland, viz., a large flannel wrung nearly dry out of very hot water, and then moistened with spirits of turpentine: a portion of laudanum may be added to it at the same time. In many cases, a strong sinapism will answer very well. The relief obtained from such application is often most decided; not only is the irritability of the stomach sensibly quieted, but the excruciating cramps of the abdominal muscles are at the same time decidedly relieved. If, by the means now mentioned,—outward warmth, saline emetics, and stimulant fomentations of the abdomen—the vomiting has become much mitigated or checked, the incessant purging also will often be found, at the same time, to have dimin-

ished. Should the purging continue, notwithstanding the abatement or cessation of the vomiting, the indication will be to act, in reference to the one symptom, upon the same principle which guided our practice in reference to the other. The bowels should be stimulated to energetic contraction; it is in this way only that the enormous draining from their mucous surface can be safely as well as effectually arrested. To attain this object, it will be wiser, on most occasions, to trust to enemata rather than to medicines exhibited by the mouth, in order to avoid all unnecessary distress of the irritable stomach. The injection may consist either of a strong solution of salt or of spirits of turpentine, mixed with gruel or any other convenient vehicle. It is doubtless well known to most medical readers, that one of the earliest and surest signs of favourable omen, in a case of Asiatic cholera, is the appearance of anything like bilious or fæcal matter in the dejections. Hence it is that the practice of some of the most experienced men in the East Indies has been primarily and mainly directed to this end, and undue reliance has been placed upon the administration of enormous doses of croton oil and other drastic purgatives, either alone or in combination with opium. Speaking of opium, if opium is to be employed—and that it may often serve some useful purpose is not denied—let it be almost exclusively used as an outward application, or let it be administered only in small doses, and in conjunction with other remedies.

The author states that, whenever the vomiting has ceased or become sensibly abated, it will be prudent to begin the administration of some preparation of mercury. From five to ten grains of *calomel*, or double this quantity of the *hydrargyrum cum creta*, in combination with the carbonate of soda or magnesia, should be given immediately; and the dose repeated every three, six, or ten hours, according to the circumstances of the case. *Camphor* may often be advantageously added to these powders; or the different substances may be made up into pills with any of the warm essential oils. The effect of this treatment will be to excite the hepatic and pancreatic functions, and to induce a more healthy condition of the whole intestinal canal. The occasional administration of a stimulating enema will, at the same time, serve to bring down the vitiated matters, which, I need scarcely say, are almost always found to stand in need of evacuation after the immediate symptoms of the disease have been subdued.

To allay the intense thirst—which is often accompanied with a sense of burning heat in the region of the stomach—that is almost always present in cases of cholera, he recommends that effervescing draughts be prepared with the carbonate of ammonia, soda or seltzer water, iced water, water acidulated with the sulphuric or some other mineral acid, light well-fermented beer, or, in short, whatever may be most grateful to the patient, should be given without restriction; only cautioning him to take small quantities very often, rather than large draughts less frequently.—On the whole, he thinks it better to avoid strong and spirituous stimulants, if these simple beverages suffice: and, in nine cases out of ten, the latter will be found to be quite as refreshing and exhilarant as the former, even when the system is in a state of great depression.

In the treatment of a disease like cholera, the ultimate as well as the immediate effects of our remedies should always be kept in view; and considering the marked tendency there is to the supervention of typhoid phenomena upon the cessation of the primary symptoms, the prudent physician will prefer the use of those means that may be fairly viewed as counter-agents rather than as provocatives of the consecutive mis-

chief. Doubtless, the suppression of the biliary and urinary secretions, and the consequent retention in the system of effete and noxious matters, that are continually being eliminated from the blood, form one of the chief causes of this secondary typhus; and there is good reason to believe that the tendency to its occurrence will be found to be exactly proportionate to the difficulty, or delay, with which these important functions are re-established. Of course, therefore, special attention will always be directed to this point, immediately after the subsidence of the proper choleraic stage. It is unnecessary to particularise the appropriate remedies to be employed for such a purpose. Lastly, in closing these remarks, the author would again urge the necessity of husbanding the patient's strength with all possible care. Among other precautions, the patient should never be allowed to rise up, far less to leave his bed, when the calls of nature require relief. The exhaustion, caused by the neglect of this simple rule, has, in not a few cases, proved almost instantaneously fatal.—*Ranking.*

2.—*Scrofula,*—By Dr. King.

[The following propositions laid down by Dr. King are illustrated and supported by numerous facts.]

Prop. 1. The grand source of scrofula is the direct hereditary principle.

2. Scrofula is also hereditary in the collateral branches when it is latent in the direct ones.

3. When second marriages take place, if both parents are healthy, the children will be unhealthy; if either parent be scrofulous, the children will be scrofulous.

4. Persons who have been scrofulous in youth may appear to have been cured, and to have got into good health, but the constitutional taint remains, and the children will be scrofulous.

5. Phthisis is a form of the scrofulous constitution, and its most fatal form. It is the great sledge-hammer. Sydenham had advanced so far in pathology as to call phthisis, "scrofula in the lungs." Portal was of opinion that congenital phthisis, "phthisie d'origine," was scrofulous. Bayle and Laennec say the same, but less decidedly, which to our eyes appears strange. An eminent writer of the present day may be quoted as a proof that medical men have not at present very clear ideas upon this subject. He says scrofula is a form of cachexia—*i.e.* cachexia is the cause of which scrofula is the effect. It would be more correct to say, scrofula or the scrofulous constitution, is the cause of which cachexia is the effect. Cachexia is a form of scrofula. Cachexia has many causes, of which a very important one is scrofula.

6. Scrofula and phthisis co-exist in the same family. More than half the scrofulous patients have parents or ancestors who died of phthisis. Of 84 cases in the hospital of St. Louis, at Paris, more than half had consumptive parents. All the patients in the hospital at St. Louis who died of the various forms of scrofula, had tubercles in the lungs. They often recover from the other forms of scrofula, and then die of phthisis; and for this reason the most experienced medical men are very cautious in their mode of curing local scrofulous affections, for fear of metastasis to the lungs. They always endeavor to do it upon an alterative—*i.e.*, a constitutional principle; so that the cure may be the effect of an impro-

ved constitution, and the improved constitution the effect of the treatment.

7. Persons who are scrofulous in youth sometimes become strong after puberty; but the taint remains, and the children are scrofulous.—The parents try to conceal the scrofula of their youth, which makes it difficult for the physician to trace the constitution of the child.

8. Parents who do not appear to be scrofulous themselves, but whose brothers or sisters are so, have scrofulous children. The family taint seems to pass through them to the children.

We shall now endeavor to point out certain causes which seem to originate scrofula, or the scrofulous constitution, or poison, independent of hereditary taint.

Cause 1—The first cause is syphilis; which, in many cases, is obvious; and in others, when the parents conceal it, it can only be inferred. If a parent has had both syphilis and scrofula, the poison is doubled.—The eruptions, ophthalmia, ulcerations, and caries, of the two diseases, are often very similar; but, as syphilis is cured by mercury, and scrofula not, the result of treatment is a sure test of the nature of the disease. Syphilis is accidental, contagious, and curable. Scrofula is constitutional, not contagious, and incurable, or, at least, difficult of cure. Scrofula always existed. Syphilis did not exist in Europe till about A. D. 1500. The disease derived from syphilitic parents is not primary but secondary syphilis, syphilitic cachexia, or scrofula. Spain has been overrun by this disease subsequent to the introduction of syphilis. The antiphlogistic treatment of syphilis, instead of the mercurial, is a cause of scrofula, because the cure has not been radical.

Cause 2.—The second originating cause of scrofula is the excessive abuse and indulgence of the sexual instinct. One instance will illustrate the principle:—All the children of a family had scrofulous affections: hæmoptysis, ophthalmia, pulmonary tubercles, worms. One little girl had abscess in the left sub-maxillary region, was of pallid complexion, with large mouth and decayed teeth. The chief cause appeared to be the early sexual dissipation of the father. Cases like this, as well as those which are of syphilitic origin, illustrate the remarkable and forcible expression of Job, (c. 20, v. 11) "his bones are full of the sin of his youth." This is one of the many ways in which wealth may prove a curse. Wealth is power, and the first tendency of power is to abuse itself, in all the modifications of which that power is susceptible.

Cause 3.—A third originating cause of scrofula is *premature* indulgence of the sexual instinct, and *premature* marriage. If the offspring are to be healthy, strong, and vigorous, no man ought to marry before the age of 25. The secretion of the seminal fluid, like all other parts, is and must be subject to laws which decide its health and vigor. The secretion should not be too rapid or frequent, and it should also be spontaneous, *i.e.* the natural effect of a healthy organism, and not of a mere mental action or effort of imagination.

Cause 4.—A fourth originating cause of scrofula is marriage too *late* in life. The debility produced by early sensuality may be in some measure remedied by moderation, restraint, and time, by change of mind, thought, imagination, desire, and intellectual occupation. But the debility produced by old age can never be remedied. The generative faculty is said to begin to decline about the age of 45, which may be called its culminating point. It then begins to decay slowly at first, and more rapidly afterwards. Those who marry late in life may have one or two children strong, but every child is weaker than the preceding

ones, and the youngest are the weakest. The old man's child has become a proverb for visible debility stamped upon its physiognomy. Many of them die at birth. Some are precocious in childhood, and then suddenly fade, and become effete and stunted, like the withering and dropping off of fresh fruit in autumn ;—they are born out of season. The period of weak fecundity in woman commences about forty. After this time pregnancy is often a delusion, or there is imperfect conception and miscarriage, or the child perishes at birth, or, if reared it is delicate and scrofulous.

Cause 5 —A fifth originating cause of scrofula is disproportionate age and unequal vigour. When the father is younger than the mother, it may be a cause of scrofula.

Cause 6.—A sixth originating cause of scrofula is paralysis, epilepsy, lunacy, and other diseases of the brain.—*Med. Gazette in Braithwaite.*

3.—*On Quinine in Acute Rheumatism.*—By Dr. Vinet.

Quinine has of late years been very freely used in France, in acute rheumatism, and Dr. Vinet states that he has arrived at the following conclusions, from observation of its employment in the various hospitals of Paris :—1. That given in quantities gradually increased from 15 to 25 grains in the 24 hours, in divided doses, it produces no notable accidents ; but if the larger quantity be not sufficiently divided and taken at considerable intervals, vomiting, faintness, or cerebral disturbances occur. 2. The disturbances of the hearing, sight, and brain are usually the first in appearing, and are far more prominent than those relating to the digestive organs. They usually cease upon mere suspension of the medicine. 3. Quinine, given in the above doses, exerts a remarkable, and frequently a rapid, sedative power on the circulation and the pain, and an indubitable effect upon the general phenomena of the disease. In about half the cases submitted to it, these effects are prompt and durable, and in the other half slow, uncertain, and unstable ; while in a few cases, no effect whatever follows. 4. The cases in which it proves most efficacious, are those in which the general and local symptoms are best marked. 5. In cases in which it procures a prompt cure, it may prevent the cardiac complication, and in those in which it is slower in its operation, it does not seem to favour the occurrence of this, which, however, when it does occur, requires the usual appropriate means for its removal. 6. The beneficial effects are generally the more promptly produced as the dose is large, such being often observed after a moderate amount of perturbation of the nervous system. 7. Given for a relapse of the disease, the effects are the same as when originally employed.—*L'Union Medicale*, No. 43.

M. Aoudouard, an old practitioner, in a paper in the 'Revue Medicale,' shows that bark has been recommended by several of the best writers on gout and acute rheumatism, and refers to a paper approving of it, which he himself published in 1808 ; but, he adds, the cures effected by him and his predecessors were accomplished by, at most, 2 oz. of bark daily, while now an equivalent of quinine, equal to 5 or 6 oz., is given. But then the bark cured without producing any ill effect on the brain, or any other bad consequences, which cannot be said of the quinine.—*Revue Medicale*, 1848, No. 1.

In No. 28 of 'L'Union Medicale,' M. Fauconneau-Dufresne adds two other instances to the now numerous ones on record, of death occurring from excessive doses of quinine. Some practitioners have given even a drachm and a half per diem; but death resulted in one of these cases from a scruple dose.—*Medico. Chirurg. Review.*

SURGERY.

4.—*On the Treatment of Ganglion.*—By Bransby Cooper, Esq., F. R. S.

[After alluding to the usual plan of giving a ganglion a sharp blow with the back of a book, and to the fact that the walls of the cyst are sometimes too dense to be ruptured without employing a dangerous degree of force, Mr. Cooper says,]

I think it a better plan to pass a couching needle beneath the skin, introducing it at some distance from the ganglion, and after puncturing the sac in several places, to press the synovial fluid into the cellular tissue; pressure must be applied to the part, and a splint then adjusted, to insure perfect quiesence of the wrist-joint. The smaller description of ganglia which sometimes occur on the palmar surface of the hand, at the extremity of the metacarpal bone, cannot be subjected to similar treatment to that just detailed, but must be punctured directly; the small quantity of synovia they contain being expressed from the opening.

In certain situations in the body it is extremely difficult to form a diagnosis of bursæ mucosæ; they are sometimes so hard as to be mistaken for small exostoses; and, by the enlargement of the bursa, between the latissimus dorsi muscle and the inferior angle of the scapula, a tumor may be formed, which might be readily mistaken for chronic abscess, steatoma, or even malignant disease; but a surgeon conversant with the character of ganglia in their natural state, would soon discover the real cause of the swelling.

On the feet, and more particularly on the inner side of the root of the great toe, an adventitious bursa, termed a bunion, is very frequently formed; it is produced by tight and ill-made shoes, which force the great toe into an unnatural position, out of the line of the axis of its metatarsal bone, and under the other toes, in such a manner that the bone of the first phalanx presses forcibly on the capsular ligament of the joint, and induces the inflammation and acute pain inseparable from this distortion Unless the deformity be remedied, the continual pressure of the bone tends to increase the inflammatory action, and ulceration would be the ultimate result, were it not for the compensating provision of nature, which leads to the formation of a ganglion between the capsular ligament and the skin. If, however the pressure be still continued, it may induce inflammation of the adventitious bursa, and an inflamed bunion is the consequence; this so completely cripples the sufferer, and the pain is so excessive, that surgical aid is here usually sought, although, however, various mechanical contrivances have been proposed, and also many different kinds of plasters, the objects of all being to remove the pressure which has been the original cause of the disease. No treatment can prove successful, unless the great toe be restored to its natural relative position parallel with the others, and the most simple and effectual means of effecting this, is the one adopted by

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my colleague, Mr. Key; he recommends that the stocking of the patient should be furnished with a division or compartment, resembling the finger of a glove, to receive the affected toe, a similar compartment being also constructed in the inside of the shoe; into these the toe passes, and is preserved in a direction parallel to that of the others; but it may be necessary before resorting to the use of this contrivance to subdue the local inflammation by the application of leeches, blisters, or evaporating lotions.

A ganglion on the dorsum of the foot or instep, sometimes produces even a more serious form of the disease than the bunion. It may cause contraction of the extensor tendons of the small toes, permanently extending the latter, so that the whole of the weight of the body falls during progression upon the first phalanges, in which situation ganglia are found precisely similar to that just described as occurring at the point of the great toe. If these become indurated by neglect or continual pressure, so that the effused contents cannot be let out by puncture, the only alternative left to the surgeon is to divide the implicated tendon or tendons, so as to relieve the permanent extension of the phalanges, and to restore the toes to their natural position. I have known exfoliations of the phalanx to occur as the result of this affection, but immediately upon the removal of the exfoliating bone, the deep ulcer which had been produced in the sole of the foot, healed, and the patient at once recovered.—***Med. Gaz., in Braithwaite.***

5.—***The Treatment of Onychia.***

Onychia forms about the root of the nail, detaches the nail from its living connexions, but still the parts are not robbed of the power of keeping up its growth. This is a most painful state of things; and in the usual method of treating the complaint, a most torturing operation is resorted to, that of cutting or tearing off the portion of the nail. All this pain the patient may be saved, by first getting the fingers as quiet as possible, by soothing measures; and when this is done, to insinuate a shred of lint, by means of a probe, hammered flat, so as to pass this small portion as far as it can go between the sore structure and the surface of the nail; and if this piece of lint be moistened with a weak solution of nitrate of silver, the beneficial effect will be apparent in twenty-four hours.—The sores will heal quickly, and the pain will be subdued. The simple lint should be kept insinuated for some time, even after the sore is healed. The nail will grow to its usual length, and the hollow sore will be filled up before long.—***Vincent's Surgical Observations in Ranking.***

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6.—***Pathology of Toothache.***—By Dr. Heilden.

Toothache may depend either upon congestion, inflammation, or a lesion of innervation. 1st. ***Congestion; this may have its seat either in the membrane exterior to the fang of the tooth, in that lining its central canal, or in the ganglion, which supplies the tooth with nerves.*** Congestion, when seated in the lining membrane of the fang, may be known by lancinating,

throbbing pains, which are increased by any excitement of the system; these pains are variable in their character, sometimes lasting but for a few minutes, and again for as many hours, being generally increased towards evening, and when the patient is in bed. The tooth, whose lining membrane is affected, is sensible to the touch, or to pressure, and frequently conveys the sensation of being somewhat above the level of the surrounding teeth. The frequent application of cold water to the affected tooth is one of the best means of cure that can be adopted in this form of odontalgia. 2d. *Congestion in the lining membrane of the canal, and of the dental nerves.*—Toothache dependent upon these causes may be distinguished from the variety just described, by the tooth not being painful on pressure nor conveying the sensation of prominency over its fellows. It may also be distinguished by the effect which cold water produces upon it; if the tooth be carious at the crown, cold water immediately gives relief, but if it be not so, the pain undergoes an exacerbation for sometime, but under the use of the remedy it eventually disappears. Young, plethoric persons, and pregnant women, are those most subject to this form of toothache. In obstinate cases, besides the local application of cold water, it may be necessary to use the foot-bath, and administer purgatives. Where caries of the tooth exists along with this form of congestion, timely plugging must be had recourse to. All stimulants, such as the tinctures in common use for curing toothache, must be avoided here, as they only increase the mischief. *Inflammation.*—This process when occurring in the teeth of a healthy individual, will produce the phenomena of healthy inflammation in any other part of the body; in individuals affected with gout, rheumatism, or scrofula, it will present the specific character of these diseases. Inflammation of the internal lining membrane of the tooth-fang (perionditis,) occurs much oftener in carious than in healthy teeth; it is characterized by a dull aching rather than actual pain, from which the patient fancies he obtains relief by pressing his teeth strongly together. This dull aching after sometime is exchanged into an acute, *boring* pain, which extends to the neighboring teeth; at this stage, the affected tooth seems more elevated than its fellows; and this sensation prevents perfect closure of the mouth, and to a great degree interferes with mastication. In some cases this local inflammation causes severe headache, and general febrile irritation. In this state, if nothing be done to check the local inflammation, this acquires greater intensity. The acute boring pain is now changed into a dull aching, attended with throbbing; if the gum about the affected tooth be examined, it will be found intensely inflamed; the tooth itself is *now* visibly longer than the surrounding ones and loose; pressure makes the patient feel as if it were about to start from its socket. All these are evidences of suppuration at the root of the tooth, and if it be now extracted, a drop of matter will be seen attached to its root. In cases of intense inflammation of the tooth-fang, the process of inflammation may not be terminated by the formation of matter; inflammation proceeds outwardly to the gum, the alveolus is absorbed, and a portion of the matter formed at the base of the tooth is thus evacuated when the opening in the gum closes for a short time, until the matter again accumulates. Thus a sort of fistula is formed which can only be healed by the extraction of the tooth. The mischief may not be confined to the root of the tooth alone—which becomes absorbed at its extreme point and roughened—but may also extend to the jaw-bone and render it carious. It sometimes happens that the cyst containing the pus at the root of the tooth becomes changed into a mass of pappy consistence, which, comes away with the

tooth on the latter being extracted. The treatment of this variety of odontalgia must be strictly antiphlogistic. Should the local application of cold water fail in completely removing all the symptoms, leeches must be at once and freely applied to the gums. Where suppuration seems inevitable, gently diaphoretic treatment with fomentations of warm water, or warm decoction of poppies, or marsh mallow, or a solution of extract of henbane, in the proportion of five or ten grains to four ounces of warm water, will be found to assist materially the maturation of the abscess; as soon as the pus has been evacuated, the diseased tooth must be extracted. It very often happens that a great number of the teeth are loosened, without any mechanical cause; this may depend either upon a sub-inflammatory affection of the lining membrane of the alveolar process, or upon that form of cynanche, denominated "Parotidea." In the latter instance time alone will effect a cure; the former requires for its cure repeated application of leeches over the affected portions of the alveolar process.—*Wiener's Zeitschrift in Dental Recorder.*

7.—*On Puerperal Fever.*—By Prof. Martin.

Professor Martin, of Jena, concludes an able memoir on this subject, with the following summary:

1. The term puerperal fever is one which deserves to be retained in our medical nomenclature, since all the febrile diseases incidental to childbed originate in one common cause.

2. This common cause may be traced to the peculiar character of the blood of women in childbed.

3. Besides this general cause, which is necessarily incidental to the puerperal condition, there is another special incidental cause, not of invariable, although of very frequent occurrence, which is connected with the simultaneous deviations in the character of the blood that are observed in many cases, and which appears to influence the nature of the febrile condition, and in part, likewise, the mode and locality of the deposition.

4. These incidental deviations in the character of the blood are the causes of the epidemic occurrence and difference of the puerperal fever; but they may also be induced in some women by individual circumstances, in which case, they affect the symptoms, course, and termination of the disease in the greater number of those affected at the same period, although there may not actually be any epidemic at the time.

5. Such sporadic cases of puerperal fever do not, however, necessarily presuppose a special disposition, since any morbid exciting cause may induce puerperal fever, where there is no other predisposing cause than that incident to childbirth generally.

6. A distinction between the differences in the character of the fever is fully as important for the prognosis and therapeutics of the disease, as for the separation of the individual local affections, which, in their turn, influence the different forms of puerperal fever.

7. These local affections consist in the derangement of certain constituents of the blood, or in the transformation of the blood itself, and vary considerably, according to the epidemic or sporadic character of the blood on the occurrence of the disease, whence plastic depositions and softening of the tissues (in consequence of infiltration with serum) may equally occur.

8. Local affections are most frequently met with in the interior portion of the sexual organs, especially in the uterus; but they likewise often occur in remote parts of the body, without there being any evidence of a previous uterine derangement. These affections are not, therefore, of special importance with reference to puerperal fever.

As the principal objects for future inquiry into the nature of puerperal fever, the author mentions the following:

1. Chemico-microscopical examination of the blood, urine, sweat, &c., of women in childbed, pursued simultaneously in the case of many, and renewed at different times, with a comparison of the results of investigations carried on simultaneously with reference to the blood of healthy women not pregnant, and not immediately after childbirth.

2. Chemico-microscopical investigations of the blood, the secretions and excretions of women suffering under puerperal fever, carried on simultaneously in the case of many, or at different periods, and at different epochs of the disease, having constant and special reference to the symptoms, mode of treatment, and the termination of the disease.

3. A careful investigation of analogous dyscrasic processes of exudation, as for instance, of rapidly fatal termination of peritonitis exsudativa in scrofulous and gouty persons.

4. A more careful distinction between the different febrile characters, that is to say, between the peculiar varieties in the symptoms and exudations observed in the case of one and the same local affection, and a comparison of these with the individual character of the blood. And finally:—

5. A distinction between individual local affections, and between the different forms of puerperal fever.—*Henle u. Pfeufer's Zeitsch. fur rat. Med.*, Vol. v, Heft 4, *in Med. Chi. Review.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1.—A System of Human Anatomy, *General and Special*, *by* Erasmus Wilson, M. D., *Lecturer on Anatomy, London.* Fourth American, from the last London edition. Edited by Paul B. Goddard, A. M. M. D. Professor of Anatomy and Histology in the Franklin Medical College, Philadelphia—with two hundred and fifty-one illustrations by Gilbert, pp. 576. Philadelphia, Lea and Blanchard, 1848.

One of the best criterions of the estimation in which a book is held, is the demand for a rapid succession of new editions. Wilson's Anatomy needs no commendation from us. It has, in the few years since it was first published, almost supplanted, in many parts of the country, all other treatises on anatomy, and is emphatically the text book for students at the present time. The American Editor, Prof. Goddard, as he tells us in his preface, "has added some new matter and a large number of new cuts—among others an important series on the nerves—he has re-writ-

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ten his introductory chapter on Histology; and he has taken every care to ensure throughout, perfect correctness in the text." The work is got up in the most substantial and excellent style, and the illustrations are admirable. It deserves its high reputation.

2.—AN ANALYTICAL COMPENDIUM *of the various Branches of Medical Science, for the Use and Examination of Students.* BY JOHN NEILL, M. D., Demonstrator of Anatomy in the University of Pennsylvania, Lecturer on Anatomy in the Philadelphia Medical Institute, etc., and FRANCIS GURNEY SMITH, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction, etc. Philadelphia, Lea and Blanchard, 1848.

This is another of those compressed volumes, which, in a comparatively small space, contain the most important facts of many larger works.—It is a compact duodecimo of over 900 pages, and embraces, under the title of "Handbook," concise treatises on Anatomy, Physiology, Surgery, Obstetrics, Materia Medica and Therapeutics; Chemistry and the Practice of Medicine. Compiled, as it confessedly is, from our standard works, it contains what is most essential, without professing to be complete in the different branches named. It is fully posted up, and may be relied on, as far as it goes. It possesses one important advantage over others of a similar scope, in the number and accuracy of its illustrations, of which there are 333 in the volume. The different parts, though bound together in the volume before us, may be had separately if desired.

These epitomes of our science, which pass under the names of "vade mecums, manuals, compends, &c.," are very useful to the student and the practitioner within certain limits. There is danger that the student, having mastered one of these, will imagine that he knows all that is necessary, and neglect those larger and more important works, without a knowledge of which he must ever be but a superficial bungler.

"Drink deep or taste not" applies with peculiar force to the professional study of medicine. In no profession or business is a "little knowledge" so dangerous a thing.

If they are used only as "remembrancers," during the student's pupilage, or even afterwards, there is not the slightest objection to them, indeed they are highly convenient and useful. The work before us is more extensive than most of its predecessors, and we have no doubt will meet with a ready and extensive sale.

3.—Practical Observations *on Certain Diseases of the Chest, and on the Principles of Auscultation.* By Peyton Blakiston, M. D. F. R. S.; Fellow of the Royal College of Physicians; Physician of the Birmingham General Hospital, etc. pp. 384. Philadelphia: Lea and Blanchard, 1848.

The above republication of the work of Dr. Blakiston, we regard as a very useful one. It is eminently practical, and therefore we like it. Thus much in the outset. We will now proceed to give the reader, in as brief a space as we can, some idea of the character and scope of the book. The writer says that his principal object was "not so much to produce a practical treatise, as to record the results of personal experience." In short, the work is little more than the recorded history of one hundred and twenty-two cases of diseases of the chest organs, comprising among others, about twenty cases of aneurism of the aorta, one of aneurism of the pulmonary artery, a large number of valvular and other diseases of the heart; pleurisy, acute and chronic; pneumonia, acute, chronic, latent, typhoid, gangrenous; tubercular phthisis; one case of cancer of the lungs, and one of pneumo-thorax without previous symptoms of phthisis or pleurisy.

The first eighty pages embrace an elementary treatise on the principles of Auscultation. The first chapter is on the general properties of sound. Many of the difficulties supposed to be in the way of students, in the cultivation of what is called Physical Diagnosis, arise from a misapprehension of those difficulties and the supposition that the whole subject is new and abstruse. The fact is, that nearly, if not quite all the signs derived from auscultation, percussion and manual examination, depend, for their development, upon those ordinary laws of physics which govern dead matter; and the more important of them are appreciated solely by differences observed in sounds. Those principles in acoustics, then, which have a more direct bearing upon the different methods of Physical Diagnosis, are very properly prefixed to the preliminary treatise, though perhaps our author might have applied the principles he lays down, rather more directly to the examination of the chest than he has.

Chap. II. is on sounds elicited by percussion, and is a very good epitome of the subject. The author does not speak of the mode of performing the act of percussion, supposing it to be already familiar; and in omitting this, he also omits to speak of the sense of resistance or elasticity recognized by the pleximeter finger, and which is often an important adjuvant in diagnosis.

The chapter on Auscultation is of course, more extended. The causes which produce the pulmonary sound or vesicular murmur are especially dwelt upon. As some very interesting facts and investigations are referred to, we will extract what is said on this subject.

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Pulmonary Sound.—A variety of opinions have been held concerning the seat of the formation of the pulmonary sound. Some maintain that it is formed in the mouth, fauces, or glottis, and is thence propagated to the surface of the chest; others, that it is formed in the air-vesicles; and others in the middle-sized and small bronchial tubes.

In endeavouring to determine this point, it must be constantly borne in mind that the great characteristic of the pulmonary sound is its marked diminution or entire absence during expiration; and that it cannot be produced by any cause which does not satisfy this condition.

Laennec called this sound vesicular, because he supposed it to be produced by the air entering and leaving the vesicular terminations of the air-tubes; but he has not attempted to account for its absence or diminution during expiration. Dr. Škoda, however, endeavours to account for this difference, on the supposition that a greater resistance is offered to the entrance of the air into the vesicles than to its exit from them. This, he argues, is effected by the resilience of the vesicles, which to a certain degree resists distension. This would be true if the air were forced into the trachea, whilst the walls of the chest were passive, but not otherwise. In fact, however, the air-vesicles are similarly situated to a bladder placed under the bell of an air-pump, and communicating with the external atmosphere through its neck. If this communication be for a moment interrupted, by turning a stopcock which has been fixed in the neck of the bladder, and the pump be worked, then as the air around the bladder becomes rarefied, that within it becomes proportionately rarefied, expands, and exerts an equable outward pressure against the internal surface of the bladder, with little or no friction. The stopcock being then turned, the external air rushes in. This is just what takes place during inspiration, under the influence of the muscles which elevate the ribs, and enlarge the capacity of the thorax; except that there is no appreciable interval between the expansion of the air already in the vesicles and the entrance of additional air from the bronchial tubes. No greater resistance, therefore, is offered to the entrance of the air into the vesicles during respiration than to its exit from them, and consequently no more sound can be engendered in them during inspiration than during expiration. Hence it follows that the respiratory sound, which is more intense and prolonged during inspiration than during expiration, is not principally formed in the air-vesicles.

M. Beau, Dr. Spital, and others are of opinion that the pulmonary sound is chiefly formed in the fauces and glottis. In support of this opinion it is asserted that if the glottic aperture be enlarged by a peculiar movement of the muscles of the larynx, the resistance to the air at this spot will be thus removed, and it will enter the lungs without giving rise to sound. In order to prove that the lungs are equally inflated in the same given time, when the sound is thus prevented, as when it is produced by ordinary respiration, a person is made to respire from a pig's bladder filled with air. A slight inspection might probably convey the impression that such was the case; but if the

bladder be placed in a glass vessel with a long narrow neck containing coloured water, and if the rise and fall of the water be accurately observed, and the time consumed by each respiration noted by means of a stop-watch, it will be found that when the respiratory sound at the trachea is very much weakened, less air enters the lungs in a given time. If, therefore, the force with which the air enters the lungs is thus diminished, the respiratory sound at the surface of the chest, never very strong, will of course cease, whatever be the seat of its generation. It is further asserted that the intensity of the respiratory sound at the surface of the chest is increased by stertorous noises produced in the mouth and fauces. The pulmonary sound may certainly be drowned by this means, and also by bass-viol sounds if they are sufficiently loud; but it is not strengthened. On the contrary, when such noises are not very loud, they are perceived to be quite distinct from the pulmonary sound, which remains unmodified by them.—Careful and unbiassed observers, well accustomed to auscultation, will, I think, have no difficulty in deciding on the comparative correctness of these opposite statements.

M. Beau endeavours to account for the difference between the intensity of the pulmonary sound during inspiration and expiration, by assuming that in the former act the glottis contracts, and offers an obstacle to the entrance of the air which is not offered to its exit. In that case the difference in the intensity of the two sounds should be quite as much marked over the larynx as at the surface of the chest; whereas, in fact, there is little or no difference perceptible in the former spot. If the pulmonary sound were formed in the mouth and larynx, and thence transmitted to the surface of the chest, *a fortiori*, the stronger sound of the voice would be conveyed there also. It will presently, however, be seen that in health no resonance of the voice is perceived over the greater part of the chest. It would appear, therefore, that the sounds engendered in the mouth and trachea are so weakened by divergence, and by destruction in the non-homogeneous tissue of the lungs, that they do not form a principal part of the pulmonary sound. If, then, the pulmonary sound, which reaches the ear over the surface of the chest, is not engendered to any great amount at either extremity of the bronchial tree, it must be chiefly formed in the intermediate parts, the bronchial tubes.

It must, however, be either originally formed louder, or be more freely propagated to the ear during inspiration than expiration.

In a very ingenious paper, read by Dr. James Carson, of Liverpool, in 1841, at the meeting of the British Association for the advancement of Science, at Manchester, it is stated to be the opinion of the writer that the muscular fibres, which surround the smaller bronchial tubes, contract during inspiration for the purpose of narrowing the tubes and thereby forcing the air up into their vesicular terminations. If such be the case then an obstruction is offered to the entrance of the air which exists only at the very commencement of its departure from the lungs, and ceases on the relaxation of the muscular fibres.

Before I was made acquainted with these views, I was unable to ac-

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count for the inequality of the two sounds on any other grounds than the difference in the circumstances which affected their propagation to the ear; considering that as, during inspiration, the current of air sets towards the surface of the chest, it would quickly carry up the sound, and thereby, to a certain extent, diminish its absorption by the mucous membrane of the tubes, which might take place to a greater extent during expiration when the current sets in the opposite direction. But this does not apply to that portion of the sound which is propagated by the sides of the tubes. But, even were this not so, I am now perfectly satisfied that any such cause is insufficient to produce the great difference in the intensity and duration of the two sounds. For if a person respire through a metal or smooth wooden tube, the two sounds which are heard at the other end of the tube during inspiration and expiration, will be found to be of equal intensity; but if the same person respire through a tube made of a roll of carpet, the sound produced when the current of air sets towards the ear, will be found to be rather louder than that which is found when the air is drawn from the ear. This difference, however, is so slight that it is impossible that that which is observable between the two sounds, when heard at the surface of the chest, can be attributed to this cause alone.

It may be concluded, therefore, that the pulmonary sound is principally formed by the air rushing through the smaller bronchial tubes."

It must be confessed that the precise cause of the murmur is rather obscure. Whether our author has given the correct explanation, admits, at least in our own mind, of a doubt.

The voice sounds are clearly discussed, so far as auscultation is concerned, but the indications afforded by the touch or palpation are entirely omitted. It is true, that in many cases the vocal fremitus is not perceived by the hand. There may be aphonia or great physical weakness, or the voice may be of such a character as to produce almost imperceptible vibrations; still in very many cases, the sensation communicated to the hands while the patient is speaking, is of great importance as an item in diagnosis. When there is dullness on percussion arising from increased density of the lung itself, as a general rule, the vocal fremitus is increased, often in a very marked degree. When there is extensive effusion in the cavity of the pleura, the vibrations are lost in the fluid, and the fremitus is either entirely absent, or less than upon the sound side. No adept in Physical Diagnosis will rely exclusively upon a single sign. He will examine his patient thoroughly, and then analyze, compare, and reconcile, so far as he can, the different signs and symptoms, and deduce his diagnosis from them all. We regard the presence or absence of the vocal fremitus as one of the most important and reliable of the diagnostics of solidified lung and pleural effusions, and hence must believe that the omission is a somewhat important one.

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The auscultation of the Heart sounds are next considered. Our author interprets the *language* of the heart a little differently from others. He makes it say *tiff-tac* instead of *lubb-dup*, *rub-dup* or *tic-tac*. If any student in auscultation is at all at a loss to know precisely, not what these sounds are like, but what they are, we advise him to place his ear over his neighbor's heart and to listen attentively. The causes of the production of the first or systolic sound of the heart, are satisfactorily discussed. The following embraces the conclusions at which Dr. Blakiston has arrived.

"The systolic sound of the heart is caused by the friction of the muscular fibres of the ventricles *inter se*, and the tightening of the auriculo-ventricular valves; strengthened in certain cases by the impulse of the heart against the ribs, and by the collision of the blood against the orifices of the aorta and pulmonary artery."

The different new sounds, or murmurs, are explained perhaps as fully as they can be in the present state of our knowledge. "Now the production of sonorous vibrations in liquid passing from a vessel into a straight tube, as from the heart into the aorta, depends on these circumstances:

1. The direction in which the fluid enters the tube.
2. Its velocity.
3. The nature of the surface of the vessel and tube."

It is well known that inorganic murmurs are often observed, which neither of the circumstances mentioned above, or all of them together, will explain. We think another "circumstance" should be added, viz:

4. The nature of the fluid itself.

In anemia and chlorosis for example, we have no doubt that the murmur often heard, depends at least as much upon the change in the constitution of the blood, as upon any other single cause.

In the practice of auscultation, when a Stethoscope is used, Dr. Blakiston prefers a solid one. His reasoning on the subject is thus stated.

"The construction of the stethoscope must in some degree depend on the views we entertain of the manner in which it transmits the sounds of the chest to the ear. It has been customary to employ a hollow tube, as it is generally considered that sounds are best conveyed thro' the air contained within it, which is prevented from diverging by the sides of the tube. Dr. George Budd,* whilst employing a hollow stethoscope, maintains that the sounds of the chest are for the most part propagated to the ear by the walls of the instrument; and that the only advantage which results from boring the wood is, that it is thereby made thinner, and thus vibrates more freely. Dr. C. B. Williams, in reply to Dr. Budd, argues that the air within the cylinder must be the principal conducting medium of the sounds caused by respiration, because such sounds, being chiefly formed in air, are by Prop. XIV best

* Med. Gaz. 1836.

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conducted by the medium in which they are generated. If we were desirous of listening to these sounds as they issue from the mouth, the hollow, bell-mouthed stethoscope would doubtless prove an excellent ear-trumpet, and would transmit them faithfully up to the ear, through the medium of the air contained within it. But the object of auscultation is to listen *through the walls of the chest.* Before, therefore, sounds formed within the chest can reach either the stethoscope or the ear, they must pass through these walls. The sounds, therefore, which are perceived by the ear, are the vibrations of the walls of the chest; and consequently, by the law above quoted by Dr. Williams, they will best reach the ear by a solid conductor. In respect to the sounds originally engendered in air, a break of medium has necessarily taken place, by their having to pass through the walls of the chest; but we cannot compensate for the loss of sound thus occasioned, by restoring the original medium; on the contrary, we only add to the loss, inasmuch as by Prop. XIII a destruction of sound takes place on *every* break of medium.

Theory, therefore, indicates the utility of employing a SOLID STETHOSCOPE."

We have ourselves, for some time, regarded the form of the stethoscope as of but little consequence comparatively, and have often been surprised at the distinctness with which all the chest sounds could be heard through the solid instrument. Our experience at present, is not sufficient to justify us in expressing an opinion of the relative merits of the solid and perforated cylinders. We have an instrument made after Dr. Blakiston's drawing, and intend giving it a thorough trial.

Our limits will not allow us even to refer to the numerous and interesting cases of thoracic aneurism whose histories are given. The difficulties in the diagnosis of this affection in its different forms of *dilated, sacculated* and *mixed*, may be readily inferred from the following extract.

"A careful analysis, then, of the signs observed in thirty-seven cases of thoracic aneurism leads to the following results.

No diagnostic sign was furnished by the character of the pulse, or by the presence of pulsation above or below the clavicles.

When a pulsation was seen and felt over a prominent spot in the chest, it indicated the presence of a sacculated or mixed aneurism.

Purring thrill was only valuable as a sign of aneurism in conjunction with other signs.

A systolic murmur, heard at a distance from the heart, even though it were not heard at the precordial region, only afforded evidence of the existence of aneurism when it was combined with other signs denoting the existence of a circumscribed tumour.

A double or diastolic murmur confined to one spot, at a distance from the precordial region, denoted the existence of a sacculated aneurism.

When a hollow murmur was heard, a dilated aneurism was present.

The intensity of aneurismal murmur was in a great measure proportioned to the force of the heart's action.

Aneurism of both kinds existed without the slightest trace of pulsation or murmur.

Aneurism arising within the sac of the pericardium were not indicated during lifetime by any characteristic signs.

I do not bring forward these as general propositions, but merely as results of the observation of thirty-seven cases of thoracic aneurism.—Although they are insufficient for the formation of general rules, yet they so far aid the cause of truth as to show that some other writers on this subject have generalized too hastily."

We know but little of the special causes which lead to the deposit of atheroma in the arterial coats on which this disease principally depends, and we cannot adopt any special means for its prevention. After the aneurism is formed the objects to be borne in view are twofold.

1. The prevention of the increase, or rupture of a dilated aneurism.

2. The obliteration of a sacculated aneurism by the deposition of fibrinous clot within it.

In some respects these objects are very similar, in others dissimilar the one from the other. The treatment of *dilated* and *sacculated* or *mixed* aneurism is therefore considered separately.

In dilated aneurism, the prevention of further dilatation or rupture, may be facilitated by strengthening the walls of the pouch, or by diminishing the force of the current of blood, or by both means. The first, the strengthening of the walls of the pouch, can only be hoped for by inducing adhesive inflammation, by stimulating food or otherwise, and would be so hazardous that this object is abandoned and the only alternative that remains is the diminishing the force of the current of blood. This is to be accomplished by lessening the amount of blood in the circulation, by reducing the heart's action with low diet. sedative and purgative drugs, and mental and bodily repose. Large or excessive bleedings are to be avoided, and always in the recumbent position or to syncope. Excessive bleedings or an extremely poor diet might induce an extreme irritability of the heart and general system, which would favor the softening of the atheromatous deposit. Of the sedatives, digitalis must be used with great caution, and poppy and hyoscyamus are much more safe in their action. The extract of belladonna rubbed over the precordial region appears to act more beneficially in tranquilizing the heart's action, than any other drug. The whole plan is to be pursued with great caution.

In *sacculated* aneurism, the diminution of the force of the circulation would favor the deposition of clots, but it is desirable that these should be rich and firm, and adhere to the walls of the sac. The principal means to be resorted to are included under bleedings, as in the dilated form, the administration of a sedative drug, purgatives and chalybeates, mental and bodily rest, and the application of cold to the external tumor. A plethoric tendency is to be kept down by the use of saline purgatives.—The lancet should be used with great caution.

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The numerous cases of chronic Heart disease, including hypertrophy, dilatation, pericarditis and valvular affections in great variety, are very concisely and well related, and possess great interest. They will well repay an attentive perusal. We should ourselves, have been somewhat better pleased if the author had, after giving the history and symptoms of each case, so far as it was done before death, given us the precise diagnosis as it was stated at the time. We could then compare the symptoms, the diagnosis of skillful adepts and the post mortem appearances.

A very valuable chapter is given on the diagnosis of chronic heart diseases, from which we make the following extract.

"*Diagnosis of Chronic Heart Diseases.*—When we meet with persons labouring under palpitation, dyspnœa, irregular pulse, fluttering or constriction at the precordial region, and other symptoms indicative of derangement of the action of the heart, the first point to be determined is whether this derangement depends on *organic* or *inorganic* causes.

Inorganic causes. The principal derangements of the action of the heart which arise from these causes are—

1. Dyspepsia. 2. Hysteria and nervous irritability, from whatever source derived. 3. Hyperemia. 4. Anemia.

When evidences of one or more of these states exist, we cannot from this conclude that inorganic causes alone are present, because organic changes of the heart may also exist at the same time. Before we can arrive at such a conclusion we must ascertain that no signs of these latter affections exist. This is by no means difficult in respect to dyspepsia, nervous irritability, and hyperemia. In anemia, however, a murmur is sometimes heard of the same character as that which occurs in aortic obstruction. It is seldom, however, persistent during a state of repose ; for instance, during sleep. In these cases a somewhat similar sound can generally be made to appear by gentle pressure on the course of the arteries of the neck, and a musical hum may by the same means be produced in the large veins which approach the surface of the body. So that when these latter sounds are heard, and the aortic murmur does not exceed that of a soft bellows-sound, we may safely conclude that the main causes of derangement are inorganic.

Occasionally, however, when the debility and irritability are extreme, the heart becomes dilated to such an extent as to lead to tricuspid and mitral regurgitation. In that case, signs presently to be detailed will reveal this state with tolerable accuracy.

Organic causes. If, however, it be decided that some organic changes have taken place in the heart itself, the next point to be determined relates to the nature of such changes ; whether the contractile power of the heart, or its valvular apparatus, or both are affected; and, if the contractile power be affected, whether it is increased or diminished.

Increase of contractile power. If this be constant, it must arise from hypertrophy of the ventricle, and if it be very great, the impulse com-

municated by the heart to the hand or head laid on the chest will be considerable, and will have more or less of a heaving character; the extent of the precordial dullness also will be increased, more particularly if, at the same time, the ventricles are dilated. The systolic sound, too, will be more muffled, as has been explained in the remarks on the formation of the sounds of the heart. In hypertrophy by extent, however, the quality of the systolic sound may be unaffected, whilst its intensity is increased, and it is heard at a greater distance than usual from the precordial region.

Decrease of contractile power. This must arise from attenuation and softening, and possibly from adhesion of the pericardium to the heart. Whether the heart be dilated or softened, the impulse is diminished.

When simple attenuation from dilatation exists, the extent of dullness over the precordial region is increased, and the sounds of the heart, although feeble, are sharp and clear, and are heard to a much greater distance than usual from the spot where they are engendered. When the ventricles are softened, especially if they are at the same time hypertrophied, both sounds are extremely feeble, and very muffled and confused. A softened state of the heart may often be thus recognised.

Adhesion of the pericardium. Dr. Saunders thought that this state might be discovered by a pulsation, or rather a retraction in the epigastric region, synchronous with the systole of the ventricles. The pericardium adhered to the whole circumference of the heart in six of the cases here recorded, and in another it was partially adherent, but in the last alone was this sign observed.

Pulsations were occasionally observed at the outer part of the left side, generally between the seventh and eighth ribs, which depended on adhesion between the pericardium and side; but in one case the pericardium did not adhere to the heart, and in Case xxxv it was connected with the side by long bands. I have seen this sign make its appearance in several cases after rheumatic fever, with pericarditis, two of which occurred in the wards of St. Thomas's Hospital in 1833, and on one or two occasions after pleuritis, but I have not had an opportunity of examining the bodies of these persons.

Dr. Hope has described a kind of jogging action of the heart as characteristic of this affection. I have long sought for this sign, but never could find it, nor have some other observers been more successful. The action of the heart was quite different in some from that which was observed in others of the cases above alluded to. In one, Case xxxiii, it was strong and quick as the stroke of a hammer; in another, Case xliv, very feeble and irregular; in others very moderate.

I am, consequently, unable to mention any sign by which the adhesion of the pericardium to the heart can be recognised.

If *derangement of the valvular apparatus* is suspected, we have to determine its *seat* and *nature*. Here our attention is at once directed to certain orifices of the heart by the general signs present. From what we have seen of the progress and termination of these diseases, if there be neither urgent dyspnœe, nor any signs of obstructed general circu-

lation, we shall suspect the aortic orifice; if very urgent dyspnœa be present alone, then we shall look to the mitral orifice, in expectation of finding regurgitation taking place through it. If there be signs of obstruction to the general circulation, we shall expect to find tricuspid regurgitation, with or without disease on the left side of the heart, according as the signs of pulmonary obstruction are present or not."

In the treatment of chronic Heart Diseases, it is often impossible to regard only a single lesion; hypertrophy, dilatation, valvular and other chronic affections often exist more or less together, and complicate each other. The following remarks are made upon the prevention of these affections.

"A certain number of cases of valvular disease, hypertrophy, and dilatation with attenuation, result from inflammatory attacks. Some of these, as acute pericarditis, are well marked, and therefore are generally recognised. If such cases were treated, on the plan detailed in the chapter on Pleuritis, with mercurial frictions and leeching, rather than by copious venesection, I cannot but think that the consequences would be in general less serious than they usually are, that the heart would less frequently adhere to the pericardium, and that hypertrophy, dilatation, and valvular disease would be less common.

There are other forms of inflammation, of a low subacute character, which are most insidious in their approaches; and therefore very difficult of discovery. The manner in which pericarditis and endocarditis thus occur in rheumatism is so well known, that a careful practitioner is always on the look out for them. As a precautionary measure, it is useful to rub in some mercurial ointment over the precordial region in all cases of acute articular rheumatism, whether there are physical signs of pericarditis and endocarditis or not."

When there is no obstruction to the circulation, small bleedings, which are seldom necessary if the patient is kept free from mental or bodily disturbance; poppy, hyoscyamus, conium, local anodyne frictions with the belladonna liniment or opium ointment, with the cold douche or sponging on the head, include most of the means recommended.

When pulmonary obstruction is present, the right side of the heart is or may become diseased from mitral regurgitations &c. In addition to the cautious use of the means recommended above, expectorants, of which the best is squill, usually combined with camphor, ether, &c., and tonics if the action of the heart is feeble, are often added with advantage. Pulmonary congestion is also much relieved by the occasional application of cups or leeches between the shoulders, and by open blisters on the chest.

When there is general obstruction, if both sides of the heart are involved, the case is formidable, and is generally drawing towards its close. The same general indications are to be met, but we have now to provide against the engorgement of the capillaries, and to remove the serum that may have been poured out. This may be attempted by increas-

ing the secretions of the kidneys, the bowels or the skin. Diuretics are usually the most successful.

We have already exceeded the limits we prescribed ourselves for this article, and we must defer for the present, the examination of that portion of the work before us, which relates to diseases of the respiratory organs.

We will endeavor to examine these somewhat, in our next number. In the meantime, we will express the wish that the example of Dr. Blakiston may be extensively followed. It is mainly by such careful, patient, pains-taking men, after all, that our science is advanced. The most brilliant genius will halt far short of valuable results unless conjoined with the every day drudgery inseparable from accurate observation. Such books help to form a basis upon which, after a time, a solid superstructure will be reared, and the men who write them deserve the thanks and patronage of the profession.

4.—*Report of the Select Committee, to whom was referred the subject of imported adulterated drugs, medicines and chemical preparations, to the House of Representatives in Congress, June* 2, 1848.

The profession and the community owe a large debt of gratitude to all concerned in the passage of the law by Congress to prevent the importation of spurious, useless and worse than useless drugs and medicines. Efforts have been made for years, by the Colleges of Pharmacy in New York and Philadelphia, the Medical Journals and others, to arouse the attention of the profession to this enormous evil. Congress, at its last session, received numerous memorials and petitions from colleges, physicians, druggists and others, praying for relief. The American Medical Association at its last meeting, caused to be presented a memorial in its name. The attention of Congress was thus called to the subject, and the whole matter was referred to a special committee, two of whom, Drs. Edwards, the chairman, and Fries, were members from Ohio.—The greatest facilities were afforded the committee in their investigations, by the public authorities, among whom we may mention as deserving of special commendation, Mr. Secretary Walker. This gentleman has shown an enlightened and liberal zeal in this matter, as indeed have many others without the slightest distinction of party, which is encouraging in the highest degree to our profession.

The committee performed their part in a very able manner, and the report presented by Dr. Edwards is all that could be asked for. Our limits forbid us from giving, as we had intended, an abstract of the Report in question. The following quotations will show abundantly the necessity there was for the interposition of the strong arm of the law. They are mostly from the testimony of Dr. M. J. Baily, of New York, who has,

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we are glad to see, been appointed Inspector of Drugs &c. at that port, under the new law. It may be premised that full three fourths of the entire amount of drugs, medicines and chemicals imported into the United States, pass through the port of New York.

"More than one-half of many of the most important chemical and medicinal preparations, together with large quantities of crude drugs, come to us so much adulterated, or otherwise deteriorated, as to render them not only worthless as a medicine, but often dangerous."

"Opium is at present more frequently adulterated with liquorice paste, combined with a bitter vegetable extract, likewise with an extract made from the poppy plant, with an admixture of the leaves. An article called opium is prepared and sold for exportation in the foreign markets, composed of liquorice paste extract of poppy heads and leaves, and a small portion of gum tragacanth, and a bitter vegetable extract. Another article of opium comes to us, more or less, and in some instances entirely, deprived of its active principle, the same having been extracted for the manufacture of morphine.

So called opium has passed the New York custom-house, within the last twelve months, so highly charged with liquorice paste, that not only was the smell very perceptible, but on account of the excess of saccharine matter thereby furnished, the worthless mass was alive with worms! Some of these adulterations are invoiced as low as one-third the price of pure opium, and of course are not worth that.

Calomel is adulterated with chalk, sulphate of barytes, and white lead, and furnished by the foreign manufacturers at about two-thirds the price of the genuine.

The *mercury or quicksilver* of commerce is generally impure; *lead*, *bismuth* and *zinc* are found mixed with it. It should never be used in the preparation of medicine without previous purification.

Red oxyde of mercury or *red precipitate* is frequently mixed with *red lead*.

Blue pill mass is greatly and extensively adulterated. This article, when pure, should contain thirty-three and a third per cent. of *mercury*, combined with *conserve* of *roses*, etc.; but a spurious article has been imported to a considerable extent within the past few years, which is found, on analysis, to contain less than one-fourth part of that quantity, basely mixed up with earthy substances, etc. This worthless article is purchased from the foreign manufacturer at about one-half the price of the genuine.

Sulphate of quinine, another very important medicine, is fraudulently adulterated with *salicine*, *chalk*, *sulphate of barytes*, etc., rendering it comparatively worthless, if not dangerous as a medicine. This spurious article has been imported and sold in New York (neatly put up with the name label, etc., of a popular manufacturer) by the agent of a foreign establishment, at the rate of *ninety cents* an *ounce*, when the genuine foreign article could not be purchased of the manufacturer for less than *two dollars and twenty-five cents* an ounce.

Large quantities of iodine are sent to us in bulk, and in a very impure condition, by foreign manufacturers and speculators. It is almost worthless as a medicine; but, nevertheless, it is bought up by *our* speculators, who have it neatly put up in small bottles, etc., and sell it as a good article.—The same with *iodide* or *hydriodate of potass*, which is frequently found adulterated with *nit. potass*, (*saltpetre*,) sal. ace. to. soda, etc. *Bromide* of *potassium* is labelled and sold as genuine hydriodate.

Many of the foreign medicinal extracts are prepared and sold in reference to *price* rather than to *strength* and *purity*. The foreign manufacturers prepare any *quality* called for. *Compound extract* of *colocynth* (as the label imports) comes to us in a manner well calculated to deceive, but, on examination, is found to contain not one particle of *colocynth*. This spurious article is invoiced at about one-third the price of the genuine article. *Extract of Peruvian bark*, *sarsaparilla*, *rhubarb*, *hyoscyamus*, *jalap*, etc., of a like inferior description, are constantly being imported to a greater or less extent.

Very little, if any, of the pure Russian castor finds its way to this country. An imitation compound of *dried blood*, *gum ammoniac*, and a little real *castor*, put up in artificial bags, is the article generally met with.

But one invoice of *real myrrh* has been imported into New York during the past eighteen months, while very large quantities of the artificial have been imported direct from Canton, where the manufacture is carried on to a great extent. This impure article is invoiced at less than one-fifth the price of the genuine, and is not possessed of any medicinal quality.

Very little pure and prime *gum myrrh* is imported; most of it is adulterated by the admixture of other and inferior gums.

Most of the *gum ammoniac* now imported is more or less adulterated with common resin and earthy substances. It sells for less than one-third the price of the *guttæ ammoniaca*, or pure gum. The latter is now seldom met with.

Gum assafœtida is most extensively adulterated with inferior mucillaginous gums, chalk, clay, etc. An invoice of some *four* thousand pounds of this article passed the custom-house at N. York not many months since, and not one pound of which was proper to be used for medicinal purposes without previous purification.

Peruvian bark comes greatly mixed, and no small portion of it of a very inferior and worthless quality. We know of even twenty-five distinct species of this bark, and, as may be supposed, they differ greatly in strength and price. Considerable quantities are shipped to this country after having had the active portion extracted for the purpose of manufacturing *extracts of bark*. The best article is imported or purchased for the manufacture of *quinine*: the other for powdering. It comes invoiced from five cents to one dollar per pound, according to the place of purchase and the quality of the bark. *Peruvian bark*, fit to be used in medicine, can only be bought at the place where produced, at from thirty-five to seventy and eighty cents per pound.

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No pure *Aleppo scammony* has for a long time been imported through the New York custom-house, because the article in inferior strength and purity has taken its place in the market. The *Smyrna scammony* is always adulterated with some worthless vegetable extract, flour, ashes and clay. An article *called Smyrna scammony* (and a fair imitation) is occasionally imported, which has proved to be a combination of *julap, gamboge, chalk, gum Senegal,* and *ivory black* without a particle of real *scammony* in its composition.

Thousands of pounds of worthless rhubarb root are sent out annually to this country for a market by foreign speculators, principally from England. London being the greatest drug market in the world, it is but reasonable to suppose that large quantities of crude drugs, of a greatly deteriorated and inferior quality, must necessarily be constantly accumulating in their warehouses, which, on account of the long existing laws of that country, cannot find a home market, and, in consequence, must either be destroyed or exported to some place where there is no law to prevent their introduction. The article of rhubarb I have alluded to, is found, on examination, to be either greatly deteriorated by age, or as having been deprived of its medicinal virtues by decoction for the purpose (as with the Peruvian bark above named) of manufacturing extracts.

This worthless drug is generally found to be what was once East India rhubarb, and is invoiced at from four to fourteen cents per pound, when at the same time the most ordinary *fresh rhubarb* of the kind, fit to be used for medicine, cannot be purchased at the place of production for less than from thirty five to fifty dollars per hundred pounds. This trash is bought up by speculators for powdering, and is sold to the unsuspecting retailer as a "fair article."

More than one-half of the *cinnamon* imported into New York during the past year was a very inferior article; some of it nearly tasteless, on account of its virtue having been extracted by distillation, in the manufacture of the *essential oil.* Most of the oil of cinnamon comes more or less adulterated with inferior oils; and the same may be said of most of the other medicinal essential oils.

More than three-fourths of what is called *Croton oil* imported is either adulterated, or an oil of inferior quality, made from an entirety different seed from that which furnishes the genuine article.

Much of the rectified medicinal naptha imported is a crude preparation, and very impure. This, as well as many other medicinal preparations, such, for instance, as iodine, hydriodate of potass, magnesia, epsom salts, etc., are made in considerable quantities, without the requisite care, in the large foreign chemical establishments, where their regular business is to manufacture only the coarser chemical preparations, used almost exclusively in the arts. Of course these articles, being hastily and imperfectly prepared out of the "odds and ends," and as rudely put up for market, can be afforded at a much less price than the pure article. It is now common for the foreign manufacturer to send out to this country these articles on consignment, with his other preparations, used in the arts. It may not be amiss for me here to say, for the benefit of the medical profession and dealers generally throughout the country, as well as for the *army* and *navy surgeons,* who purchase chemical and medicinal preparations for the public service, that too much reliance, in their selections, must not be placed upon what purports to be the *name* or *label* of some noted and foreign popular manufacturers, which they may find attached to the bottle or package. For it must be borne in mind that, while many of the adulterated, fine chemicals, etc., come to us neatly put up in small quantities, for the retail trade, bearing a fictitious label, much of the very crudely and imperfectly manufactured chemical I have named, together with considerable quantities of *morphine,* is imported in *bulk*, or, in other words, in bottles or cases, containing several pounds each, and bearing only the name of the article; giving us no clue to the real manufacturers beyond what may be gathered from the name or names of the exporters upon the invoice; and they are not unfrequently foreign commission merchants. Notwithstanding this, these crude and impure articles, in bulk, find, I regret to say, ready purchasers among unprincipled dealers, who have them put up in small quantities, (similar to the genuine,) in foreign bottles, imported expressly for the purpose, to which is, afterwards, attached a neatly executed imitation label of some well known foreign manufacturing chemist. The articles are then ready for market, and are purchased by the unsuspecting, (for circulation throughout the country,) I fear, too often, on account of the label, and general external appearance of the bottle, without proper attention to the contents. Hence the reason many chemical preparations fail to meet the reasonable expectations of the country practitioners, who have neither time, means nor opportunity for analysis."

5.—*A Dispensatory and Therapeutic Remembrancer;* comprising the entire lists of Materia Medica, Preparations and Compounds, with a full and distinct version of every practical formula, as authorized by the London, Edinburg, and Dublin Royal College of Physicians, in the latest editions of their several Pharmacopœias, to which are subjoined copious relative tables, exemplifying approved forms under which compatible medicines &c. may be extemporaneously combined, &c., &c., &c. By John Mayne, M. D., L. R. C. S. Edin. Revised, with the addition of the formulæ of the U. S. Pharmacopœia, etc. By R. Eglesfeld Griffith, M. D., author of "Medical Botany," pp. 329.—Philadlephia, Lea and Blanchard.

6.—*A Dispensatory, or Commentary on the Pharmacopœias of Great Britain, (and the United States;)* comprising the natural history, descrip-

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tion, chemistry, pharmacy, actions, uses, and doses of the articles of the Materia Medica. By Robert Christison, M. D., V. P. R. S. E.—President of the Royal College of Physicians of Edinburg; Professor of Mat. Med. in the University of Edinburg, and ordinary Physician to the Queen for Scotland. Second edition, revised and improved, with a supplement, containing the most important new remedies; with copious additions, and 213 illustrations, by R. Eglesfeld Griffith, M. D., &c., pp. 1008. Lea and Blanchard, Philadelphia, 1848.

The former of these works is a practical abstract of the British Pharmacopœias, and is intended as a kind of pocket dispensatory for the practitioner and medical student. In addition to a comparative view of all the officinal preparations of these high authorities, with those of the U. States Pharmacopœias, added by the American editor, the *use* of the several articles and their compounds, is indicated. Under each head a few extemporaneous formulæ are appended, in the form of foot notes, intended to assist the practitioner's memory by the suggestion of forms and combinations most suitable for the medicinal substances to which they are annexed; the required *quantities* being *omitted*.

With the clear and comparative view of all officinal preparations given by this little Ready Reckoner of the Materia Medica, the prescriber can see at a glance wherein they differ, and select such as are best suited to answer the indications of the case.

The next is a work of much higher pretensions, and for this truly valuable addition to our means of acquiring a knowledge of remedies, we bespeak a hearty welcome from the practitioner and student of Materia Medica. There are some excellencies that especially commend it. Among these are the explicitness of the pharmaceutic directions, the abundance and extent of the tables of specific gravity, thermometrical equivalents, formulæ for cooling and purging mixtures, effects of temperature and solubility of salts, all contained in the introduction, which embodies a rich store-house of knowledge.

The body of the work is characterized by that precision of knowledge and profound aud extensive research that mark all the works of this author. There is an absence of that sanguine recommendation of remedies, that is so liable to induce an undue confidence in the mind of the student, the reaction from which, has been the most fruitful source of modern quackery. There is another excellence, in the frequent reference to the adulterations of medicine, and the tests furnished for detecting these vitiations. As this constitutes one of the greatest obstacles in the progress of modern medicine to that approximation to certainty of which it is capable, we feel grateful for every new revelation, that exposes to public indignation and detection, and ultimately a just retribution, that essentially wicked trade, that for years has been poisoning the fountain of the healing art. We rejoice that the medical public are becoming aware of this most prolific source of embarrassment in their ministrations for good. In our own country especially does this crying evil call

for a complete investigation and reform; and we trust the means are already at work that will be ultimately successful.

The additions of the American Editor to this work, very much increase its value and usefulness to American physicians.

But with all its excellencies, we do not find in it a substitute for our own dispensatory by Wood and Bache, which we think compares most favorably with the best European works of the same kind. M.

7.—*The Nature and Treatment of Deafness and Diseases of the Ear, and the Treatment of the Deaf and Dumb.* By William Dufton, M. R. C. S. 12mo—pp. 120. Philadelphia: Lea and Blanchard.

Until quite recently the diseases of the Ear have not received that consideration from authors in Medicine and Surgery which their importance demands. Down to the commencement of the present century comparatively little was known on the subject, and consequently the treatment of this class of diseases was entirely empirical and frequently most destructive to the functions of this important organ.

Within a few years the elaborate works of Kramer and Pilcher have been re-published in this country, and have done much to lay a substantial and scientific foundation for Aural Surgery. For reasons we do not fully comprehend, these works have not been widely circulated, and it is a lamentable fact that the profession generally, are more completely in the dark as to the nature and treatment of diseases of the ear than of any other department of medicine. "Earache," "gatherings in the ear," "discharges from the ear" and "nervous deafness," comprehend about the extent of the nomenclature applied to diseases of this organ, whether acute or chronic, both in and out of the profession.

One, and perhaps the principal reason why there has been hitherto so much confusion and imperfect knowledge on this subject, is found in the fact that the internal divisions and anatomical structures of the ear are extremely complicated and inaccessible to human observation. Every part of the organ of hearing which lies beyond the membrana tympani, whose diseases are most fatal to its functions, and sometimes to life itself, is completely encased in the petrous portion of the temporal bone, and entirely beyond the reach of our means of inspection.

Any work then which shall in any degree elucidate this important class of diseases should be greeted by a liberal patronage. To one who has perused carefully the more elaborate works of Kramer and Pilcher, the treatise before us may appear cursory and rather too compendious. This may be too true, and yet this little book treats most of the diseases of the ear scientifically and skillfully Acute and chronic inflammations of each tissue that compose the external ear, the meatus auditorius

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externus, membrana tympani, the tympanum and external ear are distinctly described and treated with appropriate remedies. Foreign bodies in the ear, diseases not strictly inflammatory and affections of the auditory nerve, receive their due share of attention from the author.

To those who have not the time to investigate fully diseases and affections of the ear, we would commend this little volume, which will be found to contain much that will prove a safe and valuable guide in the practice of Aural Surgery. H.

8.—Elements of the Principle and Practice of Midwifery. By David H. Tucker, M. D., Professor of the Principles and Practice of Medicine, and formerly of Obstetrics and the Diseases of Women and Children, in the Franklin Medical College of Philadelphia. With numerous Illustrations. Philadelphia, Lindsay and Blakiston. 1848. 12mo—pp. 405.

Although this book has been lying for some time upon our table, we are able to give it only a passing notice. It is the first of a series of elementary works now being issued by the enterprising publishers, the second of which, Dr. Stille's treatise on Pathology, we noticed in our last. The author does not lay claim to the least originality, and professes only to have compiled the work from the materials furnished by the numerous American, English and French publications of the last few years.

Midwifery is defined to be "that branch of the science of medicine which treats of the management of females during pregnancy, labour, and the puerperal state." If the author intended by this definition to include only what is *necessarily* connected with child-bearing, his treatise is, perhaps sufficiently comprehensive, but there are some things which the student and practitioner of obstetrics, will desire to know, and which he would look for in such a book, which are entirely omitted. So far as the examination which we have been able to give the work enables us to judge, it is very well and plainly written, and contains in a concise form, what is best known on the subjects of which it treats. The series, which it introduces, thus far, promises to be very useful, and we have no doubt will meet with an extensive sale.

9—. *The Transactions of the American Medical Association, instituted* 1847. *Vol.* 1. *Philadelphia: Lea and Blanchard—pp.* 403.

This welcome volume came to hand too late to enable us to do more in this number, than simply to call attention to it. It contains the minutes of the first annual mee ing of the American Association, with the

reports of the several committees, and several papers of great value. We shall endeavor to give it a somewhat extended notice in our next. In the mean time, after a careful examination, we have no hesitation in recommending it to our readers as one of the most useful volumes they can purchase.

It is one of the first tangible effects of that great movement which is, we hope, to elevate and benefit us all, and will attract, as it should, the attention of a large proportion of the profession.

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

COLUMBUS, NOVEMBER 1, 1848.

THE PROFESSION IN OHIO.—Under this caption one of the editors of the Western Lancet, publishes the following extract from our remarks in the last No. of the Journal. "The condition of a portion of the profession in Ohio has been, and still is, to some extent, a disgrace to us. A very considerable proportion of the practitioners of our State, have never received a regular medical education or obtained a degree." The editor follows this with some comments, which being based upon this extract alone, leaving out of sight what preceded and what followed, give a wrong impression of the *spirit* of the remarks in question.—If our readers will recur to the first No. p. 99, and read the paragraph in connection, we are sure that very few of them will disagree with us in a single assertion there made.

We do not, of course, ask our cotemporary to copy the whole, but we do ask him in what particular we are wrong. We reassert every word of the paragraph in question. Those quoted by the editor of the Lancet may seem harsh, but are they not true? A few years experience in editorial life may make us more careful how we utter what we know to be true and may *possibly* subtract something from that independence of thought and action which we have heretofore enjoyed, but until that time comes we will say what we think.

The editor says "it is probable that our cotemporary, in the absence of statistics, has *guessed* at the facts of the case, and consequently, his conclusions may not be rigidly correct." We submit to the editor whether we pretended to rigid exactness. The very terms of our assertion forbid such a supposition. We said "*a portion* are a disgrace to us—*a very considerable proportion* have not received a regular medical education," &c. Our friend is a greater stickler for the "numerical system" than we supposed, if he requires full statistics to justify such assertions as the above.*

* We have received, since writing the above, the minutes and proceedings of the First Annual Meeting of the American Medical Association. The venerable DR. CHAPMAN, in his opening ad-

We will take his own assertion and prove that even he, at least, ought to agree with us. He says, "we presume that the profession in Ohio embraces about the *ordinary proportion* of badly educated physicians and no more, and hence it is hardly just to say that a *portion* of the profession is a "disgrace to us," and that "a very *considerable* proportion of the practitioners of our state have never received a regular medical education." Look at the conclusions.

1. The "*ordinary proportion of badly educated physicians*" should not be designated as a *portion* without accurate statistics.

2. "Badly educated physicians" are no *disgrace* to the profession, provided they are only in the "ordinary proportion."

Will our friend claim either of these conclusions, and yet they are, at least, as legitimately drawn as his deductions from our remarks. If there are but ten, aye if there is but *one* "badly educated physician," are not the ten, is not the one, a *disgrace* to the profession? We say again that "the ordinary proportion of badly educated physicians" in Ohio and every where, is a *disgrace* to us.

That a "very considerable proportion (not 1-4, 1-3, 1-10, 1-20,) but *a very considerable proportion*" of the practitioners of our state have never received a regular medical education, or obtained a degree," is so perfectly notorious, that we are surprised that it should be questioned by our intelligent cotemporary. We informed him in our last No. that some *eighteen* out of *thirty-two* of the last graduates of the Starling Medical College were previously practitioners of medicine of from four to twenty years standing, and the regulations for their graduation are precisely similar to those of the Ohio Medical College. A physician informed us a few months since, that in his immediate neighborhood, within the circle of his acquaintance, there were *eleven* regular practicing physicians who had never graduated; and we are assured that there are whole counties in Ohio in which the graduates are in the minority. We did not say that all these were a disgrace to the profession, by any means. On the contrary, many of them, the older ones especially, have made the most of the advantages within their reach, and deserve far more credit than many a younger man with "a regular medical education," and a "degree" to boot. If any of our readers were wounded by our shots, we hope they will flutter that we may know who they are.

We say again that a "*very considerable proportion*" of the practitioners of our state have never received a regular medical education, or obtained a degree." Will any man in his senses, who is acquainted with our profession throughout the state, deny this? *

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dress, as President of the Association, uses the following language. "The profession to which we belong, once venerated on account of its antiquity—its various and profound science—its elegant literature—its polite accomplishments—its virtues—has become corrupt and degenerate, to the forfeiture of its social position, and with it, of the homage it formerly received spontaneously and universally." We shall of course expect the venerable and distinguished professor will be called upon for "statistics," to justify so sweeping a condemnation. To be sure he qualified it somewhat in the next sentence, but so did we our assertion *Fiat justitia, &c.*

*Since writing the above, we have received a letter from a respectable Ohio physician, a personal stranger to us, from which the following is an extract. "Some remarks of yours on the state of the Profession, are noticed in the same place (the Lancet) with criticism. I am of course but little acquainted with the profession of the state generally, but your views, as expressed in the brief quotation there given, are perfectly correct in regard to this county, or within the circuit of my acquaintance. The proportion of educated to uneducated practitioners in this and the neighboring towns, is substantially as follows—educated, or those who have received a regular medical education *seven*—uneducated, *thirteen*. By the uneducated understand me to mean those who have either attended no lectures, or but one course, and who have spent considerably less than three years, some less than *one*, in the regular prosecution of professional study."

We really hope our friend will take some trouble to inform himself as to the real condition of our profession in Ohio. He can easily obtain "statistics" to his heart's content.

We should have allowed the remarks of the Lancet to pass without a reply, but we wish, in the commencement of our career, not to be misunderstood by our patrons. We seek no controversy, and shall endeavor to keep out of all unprofitable ones, but we shall not hesitate to express and maintain, to the extent of our feeble ability, courteously but firmly, our own opinions upon any subjects that have any connection with or bearing upon, the profession of our choice. We would see that profession elevated, improved, dignified, but we do not believe that the best way to accomplish this, is to sit down quietly and fold our hands, with the comforting exclamation, that, after all we are as well off as our neighbors, and that, as we have only the "ordinary proportion" of sins to answer for, we may be, and should be, well contented!

We confess that we were much surprised at the tone of the strictures of our respected cotemporary. We looked confidently to him for sympathy and support in the great work in which we are equally engaged. Private interests are often the best stimulants to public enterprises; and because he and ourself happen to be connected with public institutions, does it thence follow that we are capable of no generous unselfish emotions, or lofty aspirations? We *know*—we do not "guess,"—too much of the actual condition of our profession, to allow us conscientiously "to cry peace, peace, when there is no peace." Nothing is gained, in our humble opinion, by sedulously covering up our own sins and delinquencies, that we may the more effectually lash the sins of others. Let us not again be misunderstood. We are no advocates for "Young Physic" or any of the more absurd self styled "systems" of medicine. We believe the regular profession in Ohio is infinitely superior in every respect, to any *other* class, or all other classes of practitioners of medicine or humbug, but—we are not satisfied yet. Our motto is "Excelsior!" and who will exclude himself from the generous race?—not the editor of the Western Lancet we are sure.

Cheapness in Medical Education.—If our space allowed, we would extract entire, an article on this subject from the last No. of the Western Lancet. It is founded on a remark of ours in relation to the facilities at present existing for the obtaining a medical education, and the little necessity there is for students to commence practice before graduation. In speaking of these facilities, we remarked upon their readiness and *cheapness*; whereupon the editor of the Lancet reads us a homily upon *cheapness* in medical education, and deplores the degraded condition into which we are fallen. Judging by the last No. of the Lancet, we very much fear that we shall find it a hard task to exactly suit it, but we will assure our cotemporary that we stand ready either to defend anything we have said or may say, or when convinced of error, to retract it, and we shall do either with equal cheerfulness. The editor does not "attach to him" (us) "all the censure for *originating* a competition which has run into a state so deplorable," while he predicts the worst of consequences if this competition is continued. He says, moreover, that it is well known that two of our schools do furnish the facilities with "readiness and cheapness" for obtaining a medical education, and have therefore removed the necessity of practicing without a degree."

This subject is one in which many of the profession feel deeply interested, and we would be glad to discuss it more fully than our present limits allow. We will return to it again, if it becomes necessary. In the meantime, as our cotemporary is fond of statistics, we will present

a few facts, enough to show him, we hope, that if we err, we at least do so in good company. We will give the names and fees of a few Medical Colleges, the respectability of some of which, we are sure the editor will acknowledge.

Dartmouth College, Hanover, N. H.—This is one of the oldest and most respectable schools in New England. It can boast among its teachers of such men as Professors Nathan Smith, Elisha Bartlett, Oliver Wendell Holmes, John Delamater, and last, though not least, our venerable and most excellent friend, Reuben D. Mussey, of the Ohio Medical College. The lecture fees in this college, have ever been, we believe, and are now—*fifty dollars!*

Bowdoin College, Brunswick, Maine.—This college can reckon among its teachers Professors John Delamater, Henry H. Childs, Charles A. Lee, Parker Cleveland, J. Cobb and Reuben D. Mussey. The fees are *fifty dollars!*

Vermont Medical College, Woodstock, Vt.—This school was founded by the venerable Dr. Gallup, and Professors Palmer, Elisha Bartlett, Willard Parker, Robert Watts, Alonzo Clark, (the last three at present the distinguished Professors of Surgery, Anatomy and Pathology in the College of Physicians and Surgeons in New York City,) have all been, or still are, connected with it. The fees are *fifty dollars!*

Berkshire Medical Institution, Pittsfield, Mass.—This has been, for a long time, the most flourishing country school in New England. Among its teachers have been Professors J. V. C. Smith, of the Boston Medical and Surgical Journal, John D. Wells, the elder Palmer, John Delamater, Henry H. Childs, Willard Parker, Robert Watts, Elisha Bartlett, Alonzo Clark, the younger Palmer, Chester Dewey, Gilman Kimball, Abner H. Brown and others, as bright a galaxy as any school in the Union can boast. The fees have always been *fifty dollars!*

Castleton Medical College.—Of the history of this institution we know less than of the others. Its fees are *fifty dollars!*

Medical College at Boston, Mass, connected with Harvard University. The Jacksons, Warren, Hayward, Bigelow, Ware, Channing, Webster, Holmes, names that are known the world over, are its Professors. The fees are *eighty dollars!*

Medical Department of Yale College.—The fees, we believe, are seventy dollars.

Medical College of Albany.—Fees seventy dollars!

Medical College of Geneva.—Fees sixty-three dollars!

Medical College of Buffalo.—Fees sixty-five dollars!

Medical College at Cleveland, Ohio.—Fees fifty dollars!

Starling Medical College, Columbus, Ohio.—Fees fifty-six dollars!

Medical Colleges at Chicago and Jacksonville Ill., and Laporte Ind., sixty and seventy dollars. All the colleges, or nearly all, south of the latitude of Columbus, *one hundred and five dollars*, with the exception of the Ohio Medical College, whose fees are only *ninety dollars!*

Having given these "statistics," we hope we may be allowed to draw some conclusions from them.

The first is, that the medical schools in the south, and in the great cities, place their fees higher for instruction, than in the eastern and northern states.

Our second conclusion is, that the excellence of medical instruction, or medical schools, does not depend solely upon the amount of the fees charged. If it were so, the Ohio Medical College could be only six-sevenths as good as the Medical Institute at Louisville, and the Starling

Medical College only about two thirds as good as the Ohio, neither of which, we can for one moment admit. The excellence of the schools depends more, in our humble opinion, upon the facilities for imparting instruction, and the men who do it, than upon any thing or every thing besides. If this be so, some of the schools we have named, can at this present writing, furnish a corps of instructors of which any school in the union might well be proud.

Our third conclusion is, that low fees do not necessarily degrade the schools, increase the number of students, or injure the profession at large. The medical schools of N. England stand as high, (not higher) as the medical schools of the south or west, and yet, in five out of seven of these, the fees are but *fifty dollars*, and in the highest but *eighty dollars*. Medical students are abundant there, as they are every where, but it would be difficult to show that low fees make them so. The school at Louisville is one of the largest and best in the union, and yet, its students are mostly from the south, where high fees abound without exception, and its fees are $105. Will the editor of the Lancet or any one acquainted with the facts say, that the medical students of the south are better informed, and more industrious, and that they become better physicians than those of the northern and eastern states?

Low fees do not necessarily injure the profession at large. We might refer to the profession in N. England, nearly all of whom are educated in her own schools in proof of this assertion, but we prefer to come nearer home. We assert fearlessly, though precise "statistics" would be difficult to be obtained, that the profession in Ohio have improved sensibly and substantially within the last five years, and that low fees have contributed to this improvement. The very reason that so many a young man has entered upon the practice of his profession without graduating, has been, in many instances, *because* of the high fees and other expenses attendant upon our medical colleges. Let all the colleges at the west, at this moment raise their fees to one hundred and five dollars, or higher, and what would be the result? Would the number of practitioners be essentially diminished? Very slightly, if at all. The only difference would be that a large proportion of them would enter upon practice without attending upon lectures at all. The remedy for this lies in the profession at large, and the evil, if evil it is, is not to be charged upon those medical schools whose fees are within the reach of the self-dependant student. Nay more; let us all throw open our doors, and give our instructions entirely free, raising at the same time, as we should, our standard of qualifications, or leaving them as they are; what would be the result? It might increase for a time, the number of our students, but not permanently. What is there, we would ask in all soberness, in our profession, so attractive that the whole world is to be drawn into it almost in spite of themselves? What is there in the practice of medicine, which forbids that great law of *supply and demand* that governs almost every where else, from being brought into full and effective action? This law will operate in any event. The profession is, and will be, crowded, but a reaction will come. The schools will fluctuate, and if, in the course of these fluctuations and may be, revolutions, the little lamp, a part of whose oil we furnish, is extinguished, why then we will sit down, fold our hands, and with the calmest resignation say

"Othello's occupation's gone!"

but, till that time does come, we will labor on, and not anticipate too vividly the woes, which, after all may never overtake us, or which we may not live to see.

We are not satisfied with the schools as they are. In that, the editor of the Lancet is right; we even think that the fees in "two of the schools" should be, and might be without detriment, raised to about seventy dollars, with the entire abolition of credit. We have exerted ourselves to bring about this arrangement, without success; but we are far from believing that this measure alone, would raise the Ohio schools to that high standard of excellence to which they should all aspire. *A rigid preliminary examination, and a more rigid one still for a degree*, would do more, in our humble opinion, to raise the schools of the union, than any other means that could be devised.

In relation to the "almost unlimited credit system" of which our cotemporary speaks, we can only say, that, so far as the Starling Medical College is concerned, the charge does not apply. We are opposed to the whole plan of giving credit for the lecture fees by the colleges. It is never done by us, as Dean of the Faculty, without exacting the most ample security, and then reluctantly. Very few notes are taken, and these are worth their full face. A letter was received by us, a few days since, stating that the writer had been offered credit from the Ohio Medical College, and asking whether the same favor would be extended to him from the college here. What reply would the editor prefer that we should give? We have the consolation again, of knowing that if we err in this matter, we do it in good company.

Our fourth conclusion, drawn mostly from our own observation, is, that *the length of a man's purse* is a very unsafe criterion by which to judge either of his character or attainments. Are the best students those who have the most money? Does not the contrary very often obtain? So far as our observation goes, it does. Give us the young man who is dependant upon his own resources, who knows the value of money because he must earn it; who feels the value of time, and the opportunities in his reach, and will improve them to the utmost; and the pampered, helpless, dependant child of wealth and luxury may go elsewhere. We invariably, in the discharge of our duties as a public teacher, question our students closely upon the practice of physic, but not at all upon stocks, rail road shares, or patrimonial acres!

We have extended our remarks very far beyond what we intended. We are sure we have written in perfectly good temper, and from this we will not depart. We will be no parties to an angry controversy.—Gentlemen can be courteous and respectful, and yet differ in opinion.—We claim nothing for our opinions more than what they may be worth. We do not expect, we hardly desire to please every body, for then we should lose our own self-respect, which we confess, we highly value.—"Let every man be fully persuaded in his own mind."

Fees from Clergymen.—At a recent meeting of the State Medical Society of Connecticut, a resolution was introduced by a member, to the effect that the present practice of prescribing gratuitously for clergymen and their families, ought to be abandoned. This resolution has given rise to considerable discussion. Several communications have appeared in the Boston Med. and Surg. Journal, pro and con, and the editor of the N. Y. Annalist enters quite heartily into the subject.

The ground taken by those who are in favor of exacting fees from clergymen as well as others, is, mainly, that there is no good reason why we should not, and specially that the clerical profession do more to uphold and extend quackery in its various forms, than any other equal number of men.

Clergymen, it is contended, are generally no subjects for charity.—They are comfortably supported, and receive, like others, their hire.—Some of them are wealthy. They are not, as a body, like them of old; they have both "purse and scrip," and many of them are "clothed in purple and fine linen and fare sumptuously every day." Their poor parishioners who receive, perhaps, but their twelve or twenty dollars per month, are compelled to pay to the uttermost farthing; why should not the clergyman? Again, it is said, that the clergy sustain and extend quackery, and constantly step out of their own sphere to meddle with that which does not directly concern them, and of which they are profoundly ignorant. One can scarcely take up a newspaper that he does not see the names of numbers of Reverend gentlemen, affixed to certificates attesting to the most ridiculous and impossible absurdities, and recommending, in the most extravagant terms, medicines, the very composition of which, they do not know, and the nature and effects of which, they would not understand if they did. They, moreover, are frequently intermeddling with the regular profession, recommending this man because he is a member of their particular church, and decrying that, because he belongs to another; and they are, besides, the most active and influential advocates of hydropathy, homœopathy, eclecticism and other forms of quackery.

The above, we remark, contains the strongest part of the objections urged against further gratuitous service. Without stating formally the other side of the question, we shall, in as few words as possible, give our own views on the subject. We regard it as one of some importance, the discussion of which may do good.

We have a high respect for the clerical profession. Their mission is the most important that can be conceived. Compared with it all the professions, businesses, and pursuits of life sink into absolute nothingness. They are dignified by their calling—the greatest, the best man in the universe cannot dignify it. On this account they are to be respected; but the very sanctity of their profession turns the eyes of all men upon them. They are men nevertheless, and subject to like passions and infirmities with us. They are obnoxious to mistakes and errors like us, and some of them are no better informed, even in what relates to their own calling, than they should be. There are exceptions to all general rules, but, taken as a whole, the clergy of the United States are an educated, refined, and able set of men. As a body, they are not guilty of the charges preferred against them. Many ignorant or superficial ones (those who are varnished over with a thin scum of universal knowledge, we mean,) there are, and these are they, for the most part, whose names are found in the lying advertisements of the newspapers. We will go farther. There are some denominations very nearly or entirely free from the sin laid to their charge. No well-educated, faithful, pious, conscientious clergyman, who has a proper respect for his profession and himself, and we have many such, will ever, under any circumstances, lend himself to the propagation of error and falsehood, in the way spoken of. The vast majority of clergymen appreciate as it deserves, the medical profession, and are found everywhere, its considerate and consistent supporters. The whole body should not be made to suffer for the delinquencies of a few. Our own skirts are not entirely clear. Recreant M. D's., who love gold better than honesty or honor, as well as Reverends, appear appended to newspaper puffs, and gaseous advertisements. We spurn them both alike. We discriminate in the one case, why not in the other?

As a profession, then, we acquit the clergy of any attempt or desire to depreciate or injure in any way, the legitimate science of medicine. So far as this charge is concerned, we would have every physician to act for himself. Wherever and whenever a clergyman is found encouraging, in any way, quackery in our profession, let him be marked. If he consorts with quacks, to their tender mercies consign him; and if any professional services are rendered, charge to the extent of the law, and collect the fees.

But how is it in reference to the pecuniary ability of clergymen? In the large cities they often receive liberal salaries, besides numerous perquisites, but it is perfectly notorious that the great majority throughout the country are miserably remunerated for their services. No class of men, of equal attainments, are anything like as poorly paid. We verily believe that, if all the salaries were averaged, the resulting sum would not be over $500 per annum. Out of this pittance, families are to be supported, and old age provided for. An equal amount of talent and learning devoted to almost any other pursuit, would secure a competence, and the very fact that a young man is willing to forego his earthly prospects, and embrace a life of self-denial, if not of actual privation, is "confirmation strong as holy writ," of the purity of his motives—we had almost said, of the depth of his piety. Clergymen are almost universally poor. Now and then one has inherited a patrimony, or married a *rich wife*, but the exceptions only prove the rule.

We think, in view of the whole subject, which we have, however, barely glanced at, that the following is the proper course to be pursued. When a clergyman is wealthy, or has an income, independent of his salary, he should pay his physician's as well as his grocer's bill. In all other cases, with the exceptions mentioned before, which should be absolute, we hope the practice of the profession will be as it has heretofore been, and that clergymen and their families will receive, as a general rule, without fee, the best services we can render.

Jarvis' Adjustor.—Mr. Cone, the gentlemanly travelling agent for the sale of the above instrument, called upon us a few days since. Some three or four years since, we purchased one, and had some experience in its use. Since that time, very numerous and essential improvements have been made—the whole is put up more strongly, neatly and compactly—though the principle upon which it acts is retained.

After a thorough examination and some little experience in the use of the adjustor, we give it as our opinion, that it is the most perfect thing of the kind of which we have any knowledge. We can only in this notice, refer to its chief excellence, in which it differs from others. It enables the surgeon easily and surely to exert any safe amount of force in extension and counter-extension, in the direction of the axis of the limb, and still to keep it under perfect control, and to extend, flex, or rotate it at pleasure. It is applicable to the reduction of dislocations of all descriptions, and also to the reduction and treatment of almost every variety of fracture with displacement.

It is the subject of a patent, and notwithstanding our entire disapproval as a general rule, of any exclusive monopolies in medicine and surgery, we are inclined to except this and perhaps some others from the general law, though we know it is somewhat heterodox. Purely mechanical means are often brought into play in surgery. The best application of these means is always a desideratum with the surgeon, and is of real and lasting importance. If Dr. Jarvis had written a work on

surgery, figuring and describing the uses of his "adjustor," no-body would have disputed his claim to the copy right. We have not the slightest doubt but that Dr. Jarvis has spent as much time and money over his instrument as many a medical author spends over a book which brings him an income of thousands. The instrument is an expensive one, costing about $50—and will no doubt be more extensively circulated and used, than if not protected. We may be mistaken in our views, but we do think that a distinction should be made between medical and surgical patents. The latter should only be granted with great caution and on the recommendation of a competent surgical board, and the former should be refused altogether.

Mr. Cone also exhibited to us a new pair of *Obstetrical Forceps*, and Signorini's *Tourniquet*, of a very simple and effectual construction. The alleged improvement in the former consists in a joint in the shaft of each blade, allowing the grasping portions to turn partially on their axes, and thus adjust themselves to the head of the child. The latter consists of two curved steel arms with a joint at the centre and a pad at the ends. These are approximated by means of a cog and endless screw at the joint. It makes pressure only over two points of the limb, and is equally applicable in amputations or the treatment of aneurism by pressure. The last two instruments are not patented.

Boston Medical and Surgical Journal.—We thank the editor of the above Journal for the kindly welcome he extended to us on our first appearance. We inserted an article in our first No. among the American selections, giving due credit to the author, Dr. Meeker, of Laporte, Ind., but omitting to mention that we extracted it from the Boston Med. and Surg. Journal. The omission was entirely accidental, and, as we wish always to follow the golden rule, we regret that we have been guilty of even the slightest want of editorial courtesy. As the editor noticed the above omission, we hope he will accept our *amende*.

New York Annalist.—We regret to learn that Dr. W. C. Roberts has withdrawn from the corps editorial, though we have no doubt, from what we know of his successor, Dr. N. S. Davis, (whom the whole profession will recognize, when we say he is *the* Dr. Davis, *late of Binghamton*,) that the well earned reputation of the Annalist will be sustained. We are sorry to part with our friend Roberts. Every No. he has edited, nearly if not quite every word he has written, has been read by us. There is a freshness, a strength, an earnestness about him that we like vastly. His ideas come freshly coined from his brain and his heart. He writes what he thinks and he thinks for himself. Talented, learned, courteous and energetic, he is the very man, we should suppose, to make a journal like the Annalist, or any journal, popular and useful. We regret his withdrawal at this time especially, for among the amenities of our editorial life, we reckoned our intercourse with him. We cheerfully acknowledge our indebtedness to him for many things which will be useful to us in the conduct of our own Journal, but we expect to linger far behind him in doing our part of the duty he has assigned us. Would that we could receive with the "mantle" he leaves us "a double portion of his spirit," and battle for the right and the true as strongly, as firmly, as successfully as he has done.

Dr. Roberts says in his valedictory, that "he regrets that a little more interest could not have been displayed in the discussion of the multifarious topics which, during the last two years he has unceasingly presented to the consideration of his professional brethren. But the intel-

lectual constitution of the corps does not appear, at this moment, to possess that bias, and that—*he has labored alone!*" Let Dr. R. carry this consolation with him in his retirement, that if he has labored alone he has not labored in vain. He has "cast his bread upon the waters," and ere many days it will return to him again. He who takes the lead in any new movement, however necessary, however just, however practicable, rarely carries, at once, even his brethren with him. *There is much of inertia to overcome.* "It takes great bodies a long time to move," but when they are once set in motion, their very inertia becomes a power crushing all obstacles in their path. So it is with our profession. Let it once be aroused—let the "dry bones" which are now beginning to "shake," be clothed,—let the apathy which has so long enshrouded us give place to an awakened and enlightened zeal which shall cover us as with a garment,—in short, let this great profession of ours stand up in its might and *do* what it can and ought to do; and what now seem mountains in her path would dissolve into shapeless clouds, and these again into "thin air" on its approach. But there is work! how much, to be done. Never, in the history of our profession has there been more urgent necessity for it. As civilization advances, the people become enlightened and think and reason for themselves. They can no longer be bound down as of yore, to the car of either religious or medical superstition. A long beard, a grave face, a wise and mysterious look, no longer pass current as betokening wisdom. The physician cannot stand out from his generation. He is, and must be, of it; and we are glad that it is so. We desire no return of what many affect to consider the good old days. The world, in our humble opinion, is more enlightened, more active, more humane, aye, more religious, than at any former period. We would not, if we could, turn back the wheel of progress a single cog, but the rather urge it forward with all our might. The restless activity, the indomitable energy, the impulsive and propulsive zeal of our age, will show itself in every department of human life and human enterprise. We, our profession, must and should mingle in the strife. She will be both strengthened and purified by it, and she will yet appear as "gold seven times refined from the hands of the refiner." It is the very conflict she needs. Let her sharpen her weapons and polish her armor. Let her bear not only the shield, the helmet, the plaited mail, but the bow, the sword and the javelin—then will she be prepared not only to defend herself from all attacks, but to hurl defiance and destruction upon her enemies. But let her not think to save herself by retiring within the old walls of her once impregnable fortifications. She will be closely beseiged and will starve there. She must mingle in a hand to hand fight, *with the rest.* Her dignity will not be soiled, if her weapons be keen and her armor polished; on the contrary, where the blows fall heaviest, there the steel flashes highest and most brightly,—where the foe are falling fastest, there the form and mien of the victor are most clearly seen. But, a truce to mataphor.

There are obstacles in our path; what are they? First and foremost, there is our own ignorance, our own indolence, our own apathy. If we move, we must carry a load with us which will well nigh crush us. We need *clarifying.* Our Jonahs must be thrown overboard to the whale, and our good ship will ride in safety in a calmer sea. As for the rest, the pathies, the isms, the popular humbugs of the day, they are the barnacles, the parasites that fasten themselves upon the sides, the stem, the stern of our vessel—some even draw their slimy length upon our

deck—and impede our motion, and eat of our substance. We need *copper-fastening*, and then if the rascals stick to us, as they will, they will get only a poisonous salt for their pains. We said just now, a truce to metaphor, but our pen, (which is a new one and not well broken,) will, to-night, cut strange antics, in spite of us. Hereafter we will try and speak more plainly. We began with Dr. Roberts, and we feel that we are not very far from him now. Our best wishes attend him into a retirement which we know will be any thing but "inglorious ease." *We shall hear from him again.*

Though only two months old, we hope we may be permitted to extend to Dr. Davis the cordial welcome which has so cheerfully been awarded to us. We have one end, one aim. In the often quoted words of Longfellow:—

"Let us then be up and doing,
With a heart for any fate—
Still achieving, still pursuing,—
Learn to labor and to wait."

Enormous Abdominal Tumor.—A man died recently at Oswego, from whose abdomen was taken, after death, a tumor which weighed 114½ pounds. The patient, a man of rather intemperate habits, received from some cause, a strain about two years since. Soon after, his abdomen began to increase in size, until it measured six feet eleven inches in circumference. It was supposed to be encysted dropsy, but upon examination was found, we should judge by the description, to be of that variety of carcinoma, known as *colloid.*—*Bost. Med. and Surg. Jour.*

New Doctrine.—The following conversation actually took place not many weeks since, in this city. It sheds light on a dark subject.

"Dr. —— you don't practice on the old system, I believe." "No sir. I practice on the new system, sir." "Well, Dr. ——, what is the difference between them, as you understand it." "Why, sir, the difference is this;—I practice on the doctrine of the *simple fluids*, while the old system goes on the theory of the *compound solids!*" Clear as mud!

Unparalleled Modesty.—The American Journal of Homœopathy, in giving notice of the formation of the Michigan Institute of Homœopathy, uses the following language: "It is composed of most of the Physicians of the State. We mean by this, those of the Homœopathic school; *for only such are true physicians!*"—"I am, sir, oracle; when I ope my mouth —let no dog bark!" To those men who exhibit so much of the characteristic modesty of true science, we may say in the language of good old patient Job, "no doubt but ye are the people, and wisdom shall die with you.

New Mode of Treating Deafness.—Mr. YEARSLEY, an English Surgeon, has lately discovered that in certain cases of deafness, if a bit of cotton wool moistened with water, be pressed down to the bottom of the meatus, the hearing will be vastly improved thereby. He does not pretend to explain the modus operandi, but only vouches for the fact. "In every case where this treatment was successful, there was partial or entire loss of the membrana tympani, with more or less otorrhœa, though it is not a *sine qua non* that the latter symptom should be present. A perfectly dry ear, with perforation of the membrane, may be always considered a highly favorable case for the operation." The wool should be fine, kept moist, and carefully applied so as not to cover

the whole of the opening in the membrane, else the experiment will not succeed. A more extended account of Mr. Yearsley's operations will be found in the late Nos. of the London Lancet. The discovery is of great importance if true, and its truth can be so easily tested, that its real value will soon be known. Try it.

Yellow Fever.—Considerable alarm was excited some weeks since, by the announcement that Yellow Fever of a malignant form existed at and near the quarantine grounds upon Staten Island, near New York city. On the 29th of August, Dr. Whiting, the Health Officer, reported its existence, and the Board of Health and Health Commissioners, immediately ordered all public communication with the infected district to cease. A considerable number of cases have occurred, from sixty to eighty, as near as we can ascertain, and from twelve to twenty deaths, though the character of some of them is doubted

No cases were reported in the the city and the alarm quickly subsided.

Dr. Whiting says, "for the cause of the disease, I think we must look to vessels from N. Orleans, lying at Quarantine, having Yellow Fever on board." This, of course, has opened up the old and apparently ever new, question of the infectious or contagious character of the disease. Some contend very strongly for its local origin, and deny that it is ever communicated from one to another either by contagion or infection. Dr. Whiting and the Committee of the Board of Health, suppose, in this case, that the poison was wafted by the wind from the vessels which were anchored some fourth of a mile from the shore.

We have, at one time and another, read somewhat of the facts and arguments adduced on both sides of this vexed question, by competent personal observers. Those who have had the most constant and extensive opportunities of examining it, are, apparently, quite as likely to differ as those who judge of the disease only from verbal and written descriptions. Whence this discrepancy? It certainly does not arise from want of honesty, or capacity, or opportunity. We are inclined to the opinion that Yellow fever, like some other diseases—Typhoid fever for example—is sometimes, under peculiar circumstances, contagious, but that, as a general rule, it is epidemic or endemic merely. We think that the failure to recognize this double character, so to call it, of some diseases, has been the cause of much confusion and no little controversy. See an article on the Treatment of Yellow Fever under the head of American Intelligence.

New York Journal of Medicine.—Prof. Chas. A. Lee, who conducted the above Journal for several years with signal ability, retired from the editorial chair in May last, and is succeeded by his former assistant, S. S. Purple, M. D. Prof. Lee's engagement as a teacher in three medical schools, and as the editor of Copland's Dictionary, would seem to be enough to occupy his whole time, and yet the Journal while under his charge, exhibited neither haste, carelessness nor indolence. The New York Journal originated about six years since, with the late lamented Dr. Sam. Forry, in conjunction with Dr. Lee. In consequence of Dr. L's. engagements to the publishers of Copland's Dictionary, Dr. Forry continued in the editorial chair till his death, since which time it has been under the control of Prof. Lee. Few Journals in the country have been conducted more independently or taken higher grounds on all the great questions agitating the minds of the profession. We believe the Journal was among the first, if not the first, to advocate the formation of a National Medical Association; that it was the first, so

far as we know, to advocate the necessity of a law to prevent the importation of adulterated drugs, and to call public attention to the enormity of the evil; and that it has maintained throughout, a calm, dignified, dispassionate tone, highly honorable to the editor and highly useful and satisfactory to its patrons.

Dr. Lee was a colleague of ours last winter, and we know him well. Few men in the profession have been more indefatigable laborers than he. Few teachers are more learned, exact, scientific, practical and profitable. He is a valuable acquisition to any school. We regret his retirement, but we are glad we do not hence lose his acquaintance. He has promised us an occasional contribution for our own Journal, and we shall welcome him to our pages right heartily.

The July No. which has just come to hand, is filled with the usual interesting variety, and the new editor will undoubtedly "act well his part." We have not the pleasure of a personal acquaintance with Dr. Purple, but if he succeeds in rendering each successive number equal to the last, the high reputation of the Journal will not suffer at his hands. We wish him abundant success.

Prof. Lee desires us to say that in consequence of his absence from New York last summer, many letters from Western correspondents have not been answered. All relating to the Journal were passed over to the publishers, Dr. L. having no connection with the business of publication.

Cholera.—The cholera seems to be steadily advancing westward. It has prevailed quite severely at Berlin, and is reported to have reached Paris; indeed the last accounts speak of it as being in London. It varies very much in severity in different localities, as it did on its former visit. A letter from Hamburg, where it has prevailed to some extent, states that it sounds much worse in the newspapers than it is in reality, and that with proper care, and an early application of remedies, there is little danger.

We will endeavor to gather up what we can on the treatment of the disease, in season for our next number.

Chinoidine, or Quinoidine.—Dr. J. S. Unzicker, in the last number of the Western Lancet, recommends this substance very highly as a substitute for Quinine. It has been extensively used in Germany, but up to this time, but little in this country. It is separated from the mother liquor of sulph. quin., and resembles it closely in its chemical composition; indeed, according to Liebig, it is identical with it, differing only in form, it being amorphous instead of chrystalline. Dr. U. says he has used it for the last three years more extensively than quinine, and, on an average with better success, especially in cases of long standing.—He has succeeded with it when quinine failed. His mode of administration is thus:

℞	Chinoidine,	grxij.
	Rad. Ipecac.	grj.
	Morph. Acet.	gr ¼ Mix.

Make into six pills, to be given in two doses, two hours previous to the chills. It is of great importance to have it pure. Its price is only about 40 cents an ounce.

Wonderful Effects of "Calcarea Carbonica," Homœopathically used.—"A young lad, aged fifteen, extremely psoric, had remained exceedingly small and thin; his limbs were very slight, and his head too

large for the rest of his body. He suffered from violent headaches when making any mental exertion; in his childhood he had suffered from feebleness of the limbs; he was very timid, especially at night; he could not bear to be left alone in the dark. Two doses of *Calcarea, at forty-five day's interval*, after one dose of *Sulphur*, brought about such a favorable change in his constitution, that, in *six months*, his height, which had hitherto increased only from six to eight lines per annum, gained *four inches*; his limbs, the hands and feet in particular, had become large and strong, like those of a young man who would grow to the ordinary height."

A smart boy that, and up to—*chalk!* Only think of it. The next case by the same writer, is one of *cyanosis* in a girl seven years old, who "presented all the appearance of abnormal permeability of the ductus arteriosus." * * "*A globule of the 30th dilution of calcarea, effected a radical cure in six weeks, probably by restoring the abnormal part to its proper state!!*" Think of it again. Infinitely less than the ten thousand millionth part of the duodecillionth of a grain of chalk, will make a boy grow four inches in six months, or close up an open ductus arteriosus in six weeks!! The good book asks us in a very positive way "who by taking thought, can add one cubit to his stature?" Answer. We can't by taking *thought*, but we can by taking *chalk and brimstone!*

Reader of ours, do not imagine that we have taken the above cases from the renowned works of the famous Baron Munchausen, or the true histories of Lemuel Gulliver, Esq.; they are truly quoted from an address by the learned Dr. Croserio, before the Societe Hahnemannienne, in the Sept. No. of the American Journal of Homœopathy published in N. York City. The same astute philosopher, in closing his address, gives a last advice, (we should suppose he couldn't long survive it!) "to exercise prudence in its administration," for, says he, "this remedy (calcarea carbonica,) is one of the most energetic, and in spite of its peculiar adaptation to infantile diseases, we should be very circumspect in our doses, especially at that period of life and in old age, for even at the end of *six weeks* it often produces very violent primitive symptoms, which might be attended with danger, if the doses given were too strong." Further on he says, "with respect to the duration of the action of calcarea, it is very long. When it is *very homœopathic* we may look for salutary effects *for six weeks and longer!*"

Gentle reader, if you have rickets, scrofula, lupus, neuralgia, chorea, headache, cyanosis, "big head" or any other of the numerous affections for which *calcarea* is homœopathically administered, take a globule of the 30th dilution, and if six weeks afterward, you have a troublesome borborygmus, a twinge of the toothache, or a "crick in the back," go and make your *'davit* that the chalk did it, and you will contribute to that great mass of evidence upon which homœopathy, as a system, is built—For ourselves, we can't understand how any man in his senses can swallow and believe such nonsense. It strikes us, that some, at least, of the converts to and advocates of, this system of moonshine would be much benefitted by some "very homœopathic" article, which would produce what an old quack in Springfield declares he can cure—"*information on the brain!*"

SUBSTITUTE FOR GRANVILLE'S LOTION.

℞	Strongest preparation of Aq. ammonia	4 oz.
	Spts. of Rosemary	2 dr.
	" Camphor	1 dr.

Mix.

Saturate a piece of cotton or lint, and apply immediately with the hand pressed on it until slight vesication is produced.—*South West. Med. Advocate.*

Baron Berzelius, the distinguished Swedish chemist, philosopher, and physician, is dead. He died in Stockholm on the 7th of August, inst., at the age of 69. He was one of the most original, laborious, accurate, and influential among the illustrious men who have adorned and enriched the annals of science.

Treatment of Periodic Fevers.—No subject can more deeply interest our readers than the treatment of the different forms of fever. A considerable change has been going on in the practice of Western physicians in this class of diseases, within the last few years. This is owing very much to the new light that has been thrown upon the therapeutic action of certain remedies, especially quinine, by the results of our practice. Our physicians are, many of them, thrown into the most favorable circumstances for bold and decided experiments. Strong men, in apparent health, are struck down almost in an instant, and without aid may die in a few hours. Reaction must be induced, or a remission established at all hazards, or all is lost. If this is done, a return of the paroxysm must be prevented, or death may be the result. *An effect must be produced,* and the nature and extent of this effect alone, regulate the force and application of the causes or remedies resorted to. The *expectant* treatment must have no place in the management of the most severe of our western fevers, however it may do in other regions. In a vast many cases, treatment alone saves life, and this is rendered perfectly obvious, even to the most captious observer.

The cold douche; the wet sheet in some instances; the hot water, hot air and vapor baths; sinapisms without stint or measure; frictions with turpentine, Granville's lotion, &c.; the flame and blowpipe; alcohol, ammonia, camphor, cups and the lancet, all have place more or less, in the treatment of the paroxysm; while in the remission, the two great remedies, and given with no sparing hand, are quinine and opium.—Other articles, as ammonia, piperine, capsicum, camphor &c., are often used, but these are the "sheet anchors." From ten to thirty grains of quinine, with half a grain of the sulph. or acet. of morphine, and perhaps five grains of camphor, are no uncommon dose, and administered too, in the very apparent condition in which the closet practitioners tell us it will not do. What is the result? I speak now only of those terrible congestive forms of fever which most of us sometimes encounter.—The patient who, to-day, seems in the very "article of death," shall in forty-eight hours, perhaps, be up attending to his ordinary duties—a restored man. Where such results so uniformly follow a bold and decided practice, and none other, our practical men cannot stop to inquire whether Dr. A. or B. or C. has taught or approved such practice, but they can and do point to hundreds of lives saved, that else would have been lost, and there is their excuse and their justification.

These remarks have, almost involuntarily flowed from our pen, in consequence of having our attention called to a paper, read some months ago, before the Rockland Co. Med. Society, by Dr. A. G. Henry, of Pekin, Ill., in the Ill. and Ind Med. and Surg. Journal. Though we cannot entirely subscribe to all of Dr. Henry's pathological views, especially Cullen's exploded "spasm" doctrine, we like much his spirit and independence. However the practice he recommends may succeed in oth-

er hands—and we would be glad to know more of it—his own success gives him abundant reason to be more than satisfied with it. The principal peculiarity in his treatment, and for which he claims, and, as far as we know, deserves the credit of originality, consists in his giving *opium* in full sedative doses of from *four to six grains*, usually combined with quinine. We know very well, that almost every practitioner is in the habit of using some form of opium in periodic fevers, but we know of no one, before Dr. Henry, who used it habitually in such large doses.

To give a clearer idea of his method of procedure, we select one of the most marked of the cases given, in the address referred to.

"Some three weeks since I was called to see Mrs. S———. She had been taken the evening before with what she supposed to be a simple chill and fever. The chill had lasted some six or eight hours, accompanied, as she expressed it, "with a burning fever, and a feeling of freezing all the time," with the sensation of a loaded wagon running over her breast. She was lying in bed comparatively comfortable, and free from fever as she supposed, but expressed herself as alarmed for the consequence of the next chill, which she was expecting in the course of two hours. On feeling her pulse I readily detected that peculiar, but indescribable pulse, always found during the intermission in this form of disease. She said she felt tired, and when she attempted to sit up, she became sick at the stomach. I was satisfied from her general appearance that the next paroxysm would prove fatal, unless prevented or greatly mitigated, and there was no time to be lost. Accordingly, I administered in a little coffee, five grains of quinine with five of opium, and left five more of quinine with two of opium, to be given in six hours, directing her to drink hot tea freely until she got into a free perspiration; but before leaving the house she complained of feeling cold, and commenced breathing quick and laboriously. On going to the bed-side, I found her hands cold; pulse small and rapid. The powder had only been swallowed some fifteen minutes, not long enough to produce any sensible effect upon the system, still I had every confidence that it would act in time to moderate the paroxysm. I applied a strong mustard poultice to the stomach, which acted promptly, when the breathing improved, but by this time the powder began to act. The pulse became slower and more distinct, drops of perspiration showed themselves upon the forehead, and in one hour from the time the dose was administered, she was perspiring freely, and said she felt better than she had for two days before; and being satisfied that she was safe, I retired for the night, repeating the direction to have the second powder given at the end of the six hours. The next morning I found her entirely comfortable—had not slept much during the night, but felt disposed to sleep then. I directed a dose of oil, which operated in two hours very freely, when I repeated the quinine in five grain doses without the opium, and left my patient convalescent. The next day she was up doing her work. I am convinced that if the dose had been delayed one hour longer in this case, the paroxysm would have proved fatal, for I am satisfied from experience, that but little can be effected by way of mitigating the paroxysm after it is once fully formed, by internal remedies."

In the June No. of the Western Lancet there is also an article "on the abuse of purgative medicines in Typhoid Fever," by Dr. T. M. Tweed, of North Liberty, Ohio, which contains many valuable suggestions. The great practical difficulty, which meets us at every turn, in the treatment of certain forms and stages of fever, so far as medical histories are concerned, is the great confusion in which the whole subject of the pathol-

ogy of fever is even yet involved. Dr. Tweed withholds the use of purgatives, and gives, often, ten grain doses of quinine with one-third of a grain of morphine every hour, and with the happiest effects, in what he calls "Typhoid Fever." Were the cases he describes so graphically, cases of genuine typhoid fever from the commencement, or did they belong to the great family of periodic fevers? If they were genuine cases, would a similar treatment be borne elsewhere, or in those regions where our periodical fevers are unknown? How far are continued fevers modified in their course, character, and amenability to certain modes of treatment, by the periodic influences which may be supposed to surround them in a malarial region? These are very interesting questions, and, some of them, in the present state of our knowledge, far more easily asked than answered. No more profitable subject of investigation need be desired, than what is involved in these queries.

Our limits forbid an analysis of the paper of Dr. Tweed. As we have the promise of an occasional communication from him, we should be glad to learn more of his experience in the form of fever referred to.

Another Donation.—Lyne Starling, Esq., has recently added $5000 to the previous $30,000, given to the Starling Medical College, making in all, $35,000, to enable the Trustees to erect a college and Hospital after the plan submitted by R. A. Sheldon, Esq., Architect, of New York city. The work upon the foundation will soon be commenced, and the building will be, when finished, the most complete, in all its parts and accommodations, of any which we have ever seen. It will consist of a centre and two wings, the whole 135 feet in length, and the centre 68 feet front by 100 feet deep. There will be three lecture rooms capable of seating about 400 persons each, and ample hospital room for from thirty to fifty beds. The whole will be heated by furnaces, and amply supplied with water. The building is to be irregular in its plan, securing abundant light and ventilation, and will be, when completed, an ornament to the city and state.

Convention of Western Medical Schools.—We believe that the Medical Schools of the West are entirely willing to enter into the great progressive movement which is visible in our profession, and that only a mutual understanding is necessary to induce them to conform heartily to the measures proposed by the National Medical Association. That association hereafter, is to be the great exponent of medical public opinion, and will be as powerful as though it could wield the strong arm of the law. This is right. We rejoice to see our hitherto discordant elements combining and assuming a definite form and proportion. The schools cannot long resist the influence of this public opinion if they would, and ought not, if they could. It is very desirable for the good of all, that there should be, as far as possible, an uniformity of action among the schools. One waits for another, and few will act if all do not.

We therefore formally propose, on behalf of the Faculty of the Starling Medical College, that the Medical Colleges in western New York, Ohio, Indiana, Illinois, Iowa, Missouri, Michigan and Kentucky, do send delegates to a Convention to be held in the City of Cincinnati on the last Tuesday in April next, or elsewhere, and at a different time as may be deemed expedient.

We make this proposition from a desire to take a step in advance of our present position; and we know that other western schools sympathise with us. We shall hope to hear discussed, if the Convention meets,

among others, the following subjects;—the propriety of extending the Lecture term uniformly to five months—qualifications, both preliminary and professional for a degree—and the general subject of Lecture fees.

Let the schools, in good faith unite upon a "platform," and they will all flourish equally well, and advance more rapidly, the true interests of the profession and the public.

What say you, Buffalo, Cleveland, Cincinnati, St. Louis, Chicago, Louisville, and the rest;—shall the Convention be held? Shall all the schools, amounting in all, we believe, to twelve, more or less, be represented? If the proposition meets your approval, will you take some means speedily to let it be known. We stand ready to do all we can, in any way, to forward this important measure.

ANÆSTHETIC AGENTS.—*Chloroform.*—The Journals, especially the foreign ones, continue to give a prominent place to the various experiments with, and accidents from Chloroform and other anæsthetic agents.—There is a reaction going on against the use of these agents which, we are confident, will be productive of good. It cannot be that articles so powerful can be used on every trivial occasion, and without discrimination, without occasionally producing the most disastrous results. If only one case in a thousand or even in ten thousand, of artificial anæsthesia, proves fatal, it should make us extremely cautious in our administration of the substances that produce it. We have been, for some time, among those who believe that neither ether nor chloroform should be used, unless in cases involving an operation or condition which may endanger life, and then with great caution. This, we opine, will ere long be the almost universal belief and practice of the profession. It may be that we are too fearful; we hope we are. If used only in the limited number of cases included in the above restriction, their discovery must still be regarded as one of the greatest and happiest events of modern times.

The editor of the Am. Jour. of Medical Sciences has collected in his October No., most of the articles and facts which have been published during the preceding three months. No less than six cases of death are reported, besides one of fatal hemorrhage from the lungs, resulting from the inhalation of chloroform. In four of the cases, the death was almost instantaneous; in one, the patient, a man, lingered in convulsions for forty-eight hours, and in the other the circumstances of death are not stated. The details of two examinations *post mortem* are given, one by M. GORRE, Surgeon-in-chief to the Hospital of Boulogne, and in the other, Mr. Badger, a Solicitor of Rotherham, Yorkshire, was the sufferer.—In M. Gorre's case the most remarkable appearance was that of bubbles of air in the veins, wherever divided. The heart is described as "excessively flaccid, of the usual size, right and left cavities absolutely empty." The blood "*was literally as black as ink.*"

In his remarks upon this case, M. Gorre uses the following language. "Chloroform in certain kinds of constitution, *which it is absolutely impossible for the man of science to recognize*, may cause death with a lightning-like rapidity. Even in experienced hands, there is no certain safeguard against the unfortunate consequences of this agent, which only too well justify the words applied by M. Flourens to chloroform, "*a marvellous and terrible agent.*"

Mr Badger applied to Mr. Robinson, a distinguished dentist in London, to have some teeth extracted. Mr. R. stated in his evidence that he had administered anæsthetic agents at least three thousand times. A drachm and a half of chloroform was put on a sponge which was not

held close to the mouth or face. After inhaling about a minute, the patient requested that it should be made stronger. Before this could be done, his head and hands dropped—he was dead. Mr. Badger was a stout muscular man, and there was no reason to suppose that he was suffering under any organic disease.

The lungs were healthy and crepitant, but short and small. The heart was paler than usual, flaccid ,not enlarged—the left ventricle interspersed with fatty degenerescence. The liver weighed *eight pounds.* There were dark grumous clots of blood in both ventricles. Although there was organic disease in this case, yet the patient was described as a healthy muscular young man, "who had suffered from no difficulty of breathing, or any other apparent disease."

In numerous cases referred to, the effects of inhalation were very unpleasant without being fatal. These should be borne in mind by way of caution. One case of Tetanus successfully treated by chloroform is quoted from the London Lancet, and the same article has recently been used, but unsuccessfully in hydrophobia.

The principal novelty connected with anæsthetic agents, is the experiments of Mr. Nunnely and Prof. Simpson, to produce partial or local loss of sensation. By applying chloroform either in vapour or substance, to the finger or hand, for example, a burning, stinging sensation is soon produced, and the part becomes somewhat benumbed. We cannot detail the experiments. It is sufficient to say, that while they were perfectly successful upon *frogs*, they were far from being so upon the human subject. Dr. Arnott, of Brighton, recommends *cold* as a means of producing local anæsthesia. He says that "a temperature ranging between 5 and 20 degs., Fahr. (which can easily be procured by the common frigorific mixture of ice and salt) will produce complete anæsthesia of the skin in two or three minutes." It is necessary to examine the skin from time to time, and to stop short of actual congelation. These experiments, while they may disappoint the high-raised expectations of some, will no doubt lead to useful results. We shall endeavor to keep up with the progress of medical opinion on this subject.

Two new Medical Schools in the west go into operation this fall, one at Rock Island, Illinois, and the other at Iowa city, Iowa. We understand that Dr. S. G. Armor, now of Millersburg, Ohio, has accepted a chair in the former. A vast population will very soon fill the region which these schools are to supply, and if they are conducted on high and honorable principles, they will doubtless succeed. Our New England brethren especially, are frequently referring to the multiplication of Medical Schools in the west. They either forget, or do not know the fact, that in proportion to the extent of country and population, Medical Schools are nearly, if not quite, twice as numerous in New England as in any other section of the union.

Advantage of Railroads and the Telegraph.—Professor Eve, editor of the Southern Med. and Surg. Journal, recently made a journey of 542 miles, performed an operation, (remaining 12 hours with the patient,) lost comparatively no sleep, and was absent from home only 51 hours—two days and three hours. The arrangements were made by the telegraph, and the traveling done by rail-way.

Our Journal.—We are happy to announce that, even before the issue of the second No. of our Journal our subscription list has increased so much beyond our expectations as to place it upon a firm basis. Its success, if it shall so meet the expectations of the profession as to continue to receive their patronage, is no longer a matter of doubt. In addition to subscriptions, we have received many cheering letters from friends whose good opinion we highly value. Our labors thus far, have been received, both by the profession and the medical press, with more of favor than we dared to hope for. We, in this manner, return our sincere thanks to all our cotemporaries who have so kindly noticed us, and pledge ourselves anew, to the extent of our ability, to approve ourselves worthy of the high companionship into which we have been received.

We shall be very happy to receive communications upon professional subjects from physicians in all parts of the state. These papers should be as brief as is consistent with the subject discussed.

Dr. E. C. Bidwell's paper on the Hydrencephaloid disease was not received until Oct. 28th, after nearly all of the present number was in type. It will appear in the next number.

Starling Medical College.—The Introductory Lecture to the session was delivered this afternoon, (Nov. 1st,) in the First Presbyterian Church, by Professor Merrick. There must have been, at least, one hundred and thirty students present. The lecture was of a high order, and admirably adapted to direct and encourage the student in the philosophical search after truth. We hope we shall be able to give it a more extended notice in our next.

The Winter session of lectures commenced to-day in all the Ohio, and perhaps in the majority of Medical Schools in the Union.

OBITUARY.

Died in this City, on the 11th of October, Dr. P. Sisson, aged 57. Dr. Sisson was for a period of about thirty years, a practitioner of medicine in Columbus, and was a laborious, respectable, and honorable physician. His body was followed to the grave by the profession of Columbus, with the class of Medical Students in the Starling Medical College, then present, numbering about sixty, by the Masons, of which order he was a member, and by a large number of citizens.

In Circleville, Ohio, Oct. 21st, Marcus Brown, M. D., son of Dr. M. Brown, aged 23 years. The deceased graduated at Philadelphia, about two years since, and had just entered upon a professional career which promised great usefulness. We have often heard him spoken of in very high terms, and record his early death with much regret.

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